

JPRS-TEP-94-007
11 March 1994



JPRS Report

Epidemiology

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REGIONAL AFFAIRS

Roundup of Disease Reports 21-28 February

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[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

Ivory Coast

Malaria—More than 2 million Africans die each year from malaria, half of them children under six, it was learned at a 2-25 February seminar in Abidjan attended by about 50 experts representing 17 countries and the WHO. In economic terms, this represents an estimated \$1.7 billion loss in 1995 for sub-Saharan African countries.

Prospects for marketing an anti-malaria vaccine were discussed at length by the participants but, as Dr. al-Hadi Benzerroug (Algeria WHO), the main moderator of the seminar, put it: "This is still in the realm of dreams." [Paris AFP in French 2010 GMT 25 Feb 94]

Ethiopia

Cholera—There has been a serious outbreak of cholera in eastern Ethiopia, and it seems to be centered in the town of Haraar. Princess Anne of Great Britain, who is in the area as part of a Save the Children tour, stumbled upon a large camp occupied by people suffering from cholera, something, it seems, the Ethiopian authorities are keen to cover up. Correspondent Lucy Hanan says that when the princess arrived there, the place was actually sealed off by guards and the local press was not allowed in. She says she saw four tents full of people who were affected by what she was told later was cholera. The affected people were in bad condition and the place did not look at all good. She says that according to reliable sources, there are now up to 130 cases a day, and about 3,000 people have already been affected by cholera. She says that the reason that governments are reluctant to acknowledge cholera is that the disease is associated with poverty and poor sanitation. Sometimes it affects exports, mainly coffee, which people fear may be contaminated. [London BBC World Service in English 1705 GMT 27 Feb 94]

Ghana

River blindness—The Ministry of Health and nongovernmental organizations have been called upon to help put in place a sustained program to control the growing number of cases of river blindness in the Wassa Amenfi area. Dr. Kwaku Kakari, district medical officer in charge of the Wassa Akropong health center, told newsmen at Wassa Akropong that the disease appeared to be prevalent around Samreboi. He said last year alone, 696 cases were reported at the Eti and Pii hospitals at Samreboi and 41 cases at the Catholic hospital at Asankrangwa. Dr. Kakari said efforts have been made by the epidemiology division of the Ministry of Health to educate the public about the disease and drugs have been supplied for free distribution at the epidemic zones. [Accra Ghana Broadcasting Corporation in English 0600 GMT 25 Feb 94]

Nigeria

Guinea worm infestation—A report from Oyo State says the incidence of guinea worm infestation is assuming disturbing proportion in Ibarapa local government area of the state. Reporter Femi Bobade says the state administrator, Navy Captain Adetoye Sode, visited the area yesterday to assess the situation. He said that mostly affected are the people of Iruwa and Lanlate, the two major towns in the local government. Already, a large number of the people are receiving treatment at various health centers in the local government area. On arrival at Iruwa, headquarters of the local government area, Administrator Sode expressed concern over the lack of potable water in the area despite the fact that there were two reservoirs in the area. He directed the director, personnel management, of the local government to liaise with the water corporation in investigating the matter and finding a lasting solution to it. At Lanlate, the administrator was shown about 50 of the victims with the disease in various parts of their bodies. Addressing the people, the Oyo State commissioner for health, Mrs. Oluyoyede Fatunde, appealed to them to always boil or filter their water before drinking. [Lagos Radio Nigeria Network in English 0600 GMT 21 Feb 94]

Cerebro-spinal meningitis—Reports say the death toll in the outbreak of cerebro-spinal meningitis in Lansa North local government area of Plateau State has risen to 28. The death toll was confirmed by the head of an investigation team dispatched to the area, Dr. Wandem. [Lagos Radio Nigeria Network in English 0600 GMT 28 Feb 94]

Somalia

Cholera—A statement issued by the office of the chairman of the High Council of the Internal Affairs Committee of the Somali National Alliance says a cholera outbreak has been officially confirmed in some districts of Somalia. Briefing reporters on the outbreak of the killer disease, the chairman of the High Council, Mr. Abdi Hasan Awale Qaydid, said, quoting the acting secretary general of the Somali Red Crescent, Dr. Ahmad Aptidon Kulmiye, that cholera was first diagnosed in Boosaaso and since has spread to the regional capital of the eastern region, Beledweyne. According to Dr. Ahmad Aptidon Kulmiye, the chairman said the outbreak was first detected on 5 February 1994. The chairman added that the deaths started on 11 February 1994, and since then 50 persons have died and 165 others have been diagnosed as cholera cases in hospitals. Many others may be suffering in their homes. [(Clandestine) Radio Mogadishu Voice of the Great Somali People in Somali 1700 GMT 23 Feb 94]

Uganda

AIDS—The British Medical Research Council and the Uganda Virus Research Institute, UVRI, have launched an intervention study in Masaka District to fight AIDS using a combination of information, education, communications, and sexually transmitted disease controls. The interventional project, which will cover 18 parishes in Masaka District, was launched yesterday by the acting representative of the WHO in Uganda, Professor (Abiye Obo Koribo). He said the project epitomizes the aims of the WHO that the people of the world should receive adequate health care by the year 2000. Prof. (Obo Koribo) said this calls for

the involvement of community participation and empowerment of the people with affordable and appropriate technology for their own health. He said research should not be sterile, but applied in the field.

The head of the program, Dr. (Dan Malda), said the project is expected to take five years and the actual intervention work would start in June or July this year. He said emphasis would be put on community health based care in areas of control of sexually transmitted diseases and behavioral change in the control of HIV. [Kampala Radio Uganda Network in English 1700 GMT 26 Feb 94]

Zaire

Bacillary dysentery—An epidemic of bacillary dysentery is currently rampant in the Lomela area in Kasai Oriental, where it is said to have claimed 800 lives since 1993 from a population estimated at about 200,000. A local official, Honorable Ekumbaki Ombata Ilongo, who reported this epidemic to ZAIRIAN PRESS AGENCY, called on the country's authorities to take all necessary steps to deal with the disease. [Kinshasa Voix du Zaire in French 1800 GMT 27 Feb 94]

Epidemiological Reports Monitored 31 January - 6 February

MB0602180694

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 31 January to 6 February concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

Mozambique

Malaria/Diarrhea/Cholera—"Over 220 people died of malaria in Inhambane Province out of the 3,200 cases reported in 1993. Our correspondent says 9,700 diarrhea cases were also reported in the same period, claiming the lives of nine people. One person died out of the 200 cholera cases reported in 1993." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 3 Feb 94)

Sanguinary Diarrhea—Cases of sanguinary diarrhea which emerged in Angoche District, Nampula Province, in 1993 are still raising drastically. In January 1994 three people died and 64 cases were recorded in the rural hospital. (Maputo Radio Mozambique in Portuguese 1030 GMT 5 Feb)

Swaziland

AIDS—Health Minister Dr. Derek von Wissell says "seventy percent of the children in the country are sexually active by the time they are 16 years, and almost 100 percent by the time they are 19 years." He said 90 percent of the population know about AIDS, and how it is transmitted, but less than 20 percent take the necessary precautions. New AIDS cases "will increase from 9,590 in 1994 to 21,000 by the year 2000," he said. (Mbabane Radio Swaziland Network in English 1700 GMT 4 Feb 94)

Zimbabwe

AIDS—"Zimbabwe's National AIDS program says although more than 27,000 cases of the disease have been registered in Zimbabwe, the exact number of victims could

be closer to 80,000." Eight-hundred-thousand Zimbabweans, most of them in the 20 to 49-year-age group "are thought to be infected by the HIV virus." Officials say the disease could orphan about 600,000 children by the turn of the century. An international AIDS conference held in Berlin last year "found that Zimbabwe had the third largest number of AIDS cases in southern Africa after Malawi and Tanzania." (Johannesburg Channel Africa Radio in English 1600 GMT 1 February 94)

Epidemiological Reports Monitored 28 February - 6 March

MB0603190994

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 28 February to 6 March concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

Angola

Cholera—Cholera is the disease which causes most victims in the Angolan capital, Luanda. Reliable sources say the situation has worsened due to poor living conditions and lack of vaccinations, which the government stopped supplying. The situation is dramatic in suburban areas. (Jamba Voz da Resistencia do Galo Negro in Portuguese 1200 GMT 28 Feb 94)

Mozambique

Bloody Diarrhea—Bloody diarrhea and malaria epidemics are worrying Ressano Garcia administrative region health authorities in Maputo Province's Muamba District. A source from Spain's Doctors Without Borders working in the local hospital says bloody diarrhea began affecting the area in October 1993, an average of 30 cases were recorded weekly by December. The source said no one died of the disease. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 28 Feb 94)

ZIMBABWE

Dysentery—Health Minister Timothy Stamps says that more than 400 Zimbabweans have died of dysentery since last November. He said that the disease had affected nearly 44,000 people out of the country's total population of 10 million. He said that the government was fighting the disease by purifying water supplies and by launching a public awareness program. (Johannesburg Channel Africa Radio in English 1100 GMT 1 Mar 94)

MOZAMBIQUE

Disease Figures Among Soldiers in Namialo Assembly Area

MB1602155294 Maputo DOMINGO in Portuguese 13 Feb 94 p 6

[Unattributed article: "Situation in Namialo remains explosive"]

[Excerpts] The situation remains explosive in Namialo assembly area, in Nampula Province, where the government soldiers with the former Northern Improvement Brigade [Brigada de Melhoramentos do Norte], BMN, and

others in the Nampula Provincial Command continue to wait for the outcome of their demands. [passage omitted]

There are several diseases affecting soldiers at the camp: malaria (84 cases), gonorrhea (38), diarrhea (118), conjunctivitis (17), parasite-related diseases (32), and dysentery (10).

Namialo has no ambulance, but the gravity of some of the cases prompted the removal of seven patients to other health posts or hospitals able to afford better health care. [passage omitted]

SOUTH AFRICA

AIDS Cases Up 27 Percent Over 1992

MB2102114394 Johannesburg SAPA in English
1027 GMT 21 Feb 94

[Text] Durban Feb 21 SAPA—The number of reported cases of AIDS in South Africa increased 27 percent last year on the figure for 1992 and remains seriously under-reported, Minister of Health and Welfare Minister Rina Venter said in Durban on Monday. She said most unreported cases appeared to be mother-to-child infections.

She said that in the 1993/4 fiscal year, more than R[and]21,056,000 had been allocated to AIDS support, research and information, marketing, training and health education and administration. Non-governmental organisations received R2,074,000.

Although this budget might be considered insufficient, it had to be remembered the government had a multi-faceted approach to the pandemic and was orientated towards a preventative approach rather than a curative one, said Dr. Venter.

She said a task force of the National AIDS Co-ordinating Committee of South Africa was developing a national plan, and the committee was being extended at regional level. "An AIDS health promotion programme should be an integral part of the local authority's existing health policy and control programmes," said Dr. Venter. Community participation plays an integral part of AIDS prevention activities. It means much more than merely complying with medical prescriptions or contributing labour and money to health plans that others have already judged appropriate for various communities. Participation simply means an alliance between communities, policy makers and health care workers for a common purpose."

She said when a community was involved in all aspects of AIDS prevention, new ideas and practices were widely and rapidly diffused. "Social networks are activated. People with similar values and experience trust and accept a [words indistinct] other than institutions reaching the 'hard to reach' on their own terms may be the most valuable contribution of community participation."

Dr. Venter said the AIDS pandemic would have a wide-ranging socio-economic impact on many sectors of the southern African community, besides the health care system. "Sophisticated first world medical care could not only be unaffordable but it would also be inappropriate.

The challenge is to ensure that AIDS prevention be made a high priority within the context of other health and social issues."

SWAZILAND

Report Projects ¼ Million HIV Positive by Year 2006

MB0102145494 Mbabane THE SWAZI OBSERVER
in English 1 Feb 94 p 1, 2

[Report by Vusi Sibisi]

[Text] The number of people with HIV has been projected at more than a quarter of a million by the year 2006 with annual AIDS-related deaths climbing to more than 27,000.

According to a draft report on the socio-economic impact of HIV/AIDS in Swaziland by Alan Whiteside and Greg Wood of Capricorn Africa Economic Associates released yesterday, HIV has probably spread more rapidly in the Kingdom than anywhere else in Africa—where data is available—with the possible exception of Botswana.

The study, commissioned by the Ministry of Economic Planning and Development, says the challenge facing the country is that of stopping the epidemic from spreading further, "and at least to reach the next generation as they grow to maturity and become sexually active".

According to the three-phased projections—low, medium and high AIDS projections—over a 12-year period to the year 2005, the total number of people with HIV is expected to number between 174,629 and 268,379 by the year 2006. And whereas the death rate over the projected period would be 10,417 in an AIDS-free environment, it has been projected that AIDS-related deaths would soar the death rate to 27,495 by the year 2005 with HIV population numbering 249,418, according to the draft report's high AIDS projection.

According to the draft report, more females, 138,235, than males, 121,017, would have HIV by the year 2005. This would result in new AIDS cases of 25,743—15,890 females and 12,579 males, during the projected period.

The projected total population by the year 2006 is expected to be 1,351,000 (658,000 males and 693,000 females) in an AIDS-free society. This declines to 1,086,605 (530,131 males and 556,474) for the low AIDS projection; 1,061,893 (518,154 males and 543,739 females) for the medium AIDS projection; and 1,034,080 (504,677 males and 529,404 females) for the high AIDS projection.

The draft report points out that the difference increases with time due to the expected growth rate in the "no-AIDS scenario, and a decline in this rate with AIDS." "The life expectancy for both males and females also decreases with the advent of AIDS."

The draft report also warns that new AIDS cases, annual HIV births and annual AIDS deaths would continue to increase rapidly after 2006, noting that projections longer than approximately 12 years are more difficult to accurately predict. The cumulative AIDS deaths would climb to 290,877—of which 141,069 would be males and

149,807 females—by the year 2006 for the high AIDS projection, says the draft report.

The impact of AIDS deaths would slow down economic growth, strain the health services and social welfare, affect the education system and give rise to orphans. The majority of AIDS cases are and would continue to be prevalent in the sexually active population who are incidentally also the most economically active age group.

The study says factors which will probably contribute to the rapid spread of HIV-AIDS in Swaziland include migration (both internal and international), transport workers,

rural/urban linkages, poverty, commercial sex workers, the role of women and high levels of STD's (sexually transmitted diseases).

The draft report notes: "AIDS is largely a sexually transmitted disease. People's vulnerability to the virus is closely linked to their sexual behaviour. This, in turn, is determined by their socio-economic circumstances and social behavioural norms. Certain factors may greatly increase vulnerability and, as such, increase the potential for disease transmission. It is axiomatic that successful intervention will not only seek behavioural change, but will also target socio-economic factors that are amenable to change. Indeed, this may be one of the key points for planners to examine."

Campaign Against Endemic Diseases in Shanxi
*OW2402050794 Beijing XINHUA in English 0341 GMT
24 Feb 94*

[Text] Taiyuan, February 24 (XINHUA)—The rampant spread of endemic diseases in north China's Shanxi Province has now been brought under control thanks to the joint efforts of the local government and people.

The province is one of those blighted by a high incidence of endemic diseases such as Kaschin-Beck, Keshan, undulant fever, fluorine poisoning and iodine deficiency.

A recent survey conducted by the provincial endemic disease prevention and cure group shows that out of 118 cities and counties of the province, 107 suffer from such diseases and that in some counties the incidence of endemic disease has picked up sharply over the past few years.

It also shows that in Heshong and Qinyuan counties, the number of patients suffering from iodine deficiency, gas fluorine poisoning and Kaschin-Beck disease reached 120,000, accounting for 42 percent of the total population of these counties.

Analysts here attribute local poverty and economic underdevelopment partly to the spread of endemic diseases. Over 30 percent of poor families had fallen on hard times due to chronic diseases, endemic diseases in particular.

Analysts say that endemic diseases here mainly attack the bones, joints and hearts of children and women of child-bearing age.

The survey indicates that among 2,853 primary and high school students in Heshong county who took physical examinations, the incidence of goiter was as high as 23.87 percent.

And in one village, some 8.8 percent of school-age children were deprived of going to school and 9.4 percent of primary school students were unable to graduate due to mental retardation caused by Keshan disease.

Figures show that of 7,172 children aged between seven and 14 in 24 counties heavily hit by undulant fever, the incidence rate of goiter due to iodine deficiency amounted to 32.94 percent.

Despite efforts to improve drinking water quality and heating facilities in the province, about two million people still live in high gas and fluorine poisoning areas.

The provincial government and party committee have paid ever closer attention to the prevention and control of endemic diseases and a range of forceful measures have been adopted since last year.

The move aims to curb the further spread of the diseases and bring the incidence rate under control at a level stipulated by the state.

Prevention and cure of endemic diseases has now been focused on strengthening the leadership and active participation of the whole society, according to local officials.

In May 1993, a provincial conference on controlling endemic diseases was called, and relevant rules and regulations were framed to reduce transmissions of the diseases among local people.

The leading bodies and offices in charge of prevention and cure of endemic diseases have now been reorganized in 11 prefectures and cities, and a sound responsibility system has also been set up.

The local government at the same time has set aside hundreds of millions of yuan to boost the fight against endemic diseases from the beginning of 1994.

Starting from 1994, it will add one million yuan each year to the special 1.4 million yuan disease prevention fund. It will provide 100 million yuan in the coming three years to improve the drinking water in poverty-stricken areas.

Another six million yuan will be channeled toward updating the research equipment and facilities for preventing the diseases. A pharmaceuticals production center and a foundation are expected to be built and go into operation within the year.

An ample contingent of medical workers specially trained for prevention of endemic diseases is being built in the province and preferential policies have been formulated for promotion and pay for endemic disease specialists and medical workers.

Emphasis is being placed on spreading knowledge of endemic disease prevention and control and mobilizing the masses to fight against the diseases.

A book on prevention and cure of the endemic diseases was published by the provincial medical department and educational commission and will be used for teaching in primary and high schools throughout the province this year.

Endemic Diseases Under Control in Sichuan Province

*OW1003093694 Beijing XINHUA in English 0921 GMT
10 Mar 94*

[Text] Chengdu, March 10 (XINHUA)—Sichuan Province in southwest China has made marked progress in preventing and curing endemic diseases, using foreign loans, local officials said.

According to officials at the provincial office for endemic disease prevention and cure, the local incidence rate of snail fever has dropped from 4.41 percent three years ago to the present 1.07 percent, and its incidence rate among cattle has plummeted from 10.6 percent to 3.5 percent.

The officials said the work was boosted with the aid of world bank loans, which the province began to use last year to bring snail fever under control.

During the past year, the province has been organizing specialists to spread knowledge in 41 counties on health care education, disease statistics, and supervision and treatment of endemic diseases.

The province is also promoting a comprehensive plan which involves boosting local economy and optimizing agricultural production.

On the other hand, scientific researchers have found more effective ways to check the spread of endemic diseases.

In addition, the officials revealed, people in 63 percent of the counties infested with endemic diseases are eating iodine-bearing salt.

The incidence rate of malaria has dropped by 54 percent compared with the previous year, and the spread of other diseases such as endemic fluorosis, keshan disease and osteoarthritis deformans endemica has been checked, local officials said.

Pollution Causes Arsenical Poisoning in Guizhou

HK0902143694 Guiyang GUIZHOU RIBAO in Chinese
14 Jan 94 p 5

[Report by Li Yang (2621 7122) and staff reporter Zhou Hao (0719 3185): "Pollution From Coal Burning Brings About Social Catastrophe; 30,000 People Live in Affected Areas"]

[Text] Qianxinan Autonomous Prefecture is an area that is rarely seen in the world in terms of frequent cases of arsenical poisoning caused by pollution from burning coal; the affected areas have a population of more than 30,000. In the areas affected by arsenical poisoning, the incidences of ascites due to cirrhosis, skin cancer, and lung cancer are very high. Patients suffering from chronic arsenical poisoning mainly live in Jiaole Village (formerly Jiaole Township), Yuzhang Town, Xingren County; and Dadi Village, Bayou Village, and Xiaogeduo Village under Xingyi City; as well as Anlong County's Haizi Township and Getang Town. The incidence of disease in Xingyi City and Xingren County has reached 17.28 percent, whereas in Anlong County a new affected area was discovered in the second half of 1993, and experts estimated that the incidence of disease there would surpass 17.28 percent.

Over the past few years, governments at various levels and the relevant departments have adopted measures time and again: Closing down some coal pits, banning coal mining in some districts, distributing medicine to people, and modifying their cooking stoves, thereby controlling arsenical poisoning to certain extent. However, the problem is still a very serious, as well as urgent one, which merits further attention from the authorities and various quarters of society.

Citizens in Yunnan Province Live Longer, Healthier Lives

OW0703015494 Beijing XINHUA in English 0134 GMT 7 Mar 94

[Text] Kunming, March 7 (XINHUA)—People in southwest China's Yunnan Province, a historically backward and disease-ridden area, have a life expectancy of 65.2 years, 25.2 years longer than the average in the year of 1950.

According to officials from the World Health Organization (WHO), the province, home to 26 nationalities, has reached the level of moderately developed countries in the field.

Since Yunnan is located at an average sea-level of above 2,000 meters, the diversity in climate and natural environment resulted in spread of many epidemic disease like snail fever, malaria, leprosy and goiter.

In 1930s, a plague hit Simao region, killing tens of thousands of people at this important material port in South-east Asia.

Thanks to undertakings to improve medical and health conditions after New China was founded, epidemic diseases have been so far brought under strict control.

The Ministry of Public Health reported that infectious incidence rate has seen a dramatic drop in the past 12 years. Only four out of 10,000 catch such diseases as goiter, malaria and leprosy in some prefectures.

Among the country's border provinces, Yunnan has become the first with 85 percent of the population meeting vaccination requirements set by WHO.

More than half of its rural population of 32 million, including a large proportion who are ethnic people, now have access to clean water.

So far, the province has 6,500 hospitals, over 130,000 medical professionals and practitioners and 82,000 hospital beds, respectively 67-fold, 135-fold and 134-fold more than in 1950.

And a medical network throughout its 127 counties helps the province keep an eye on epidemic diseases.

Despite the great progress, it is not easy for the province to achieve the goal of every resident enjoying health care at the end of this century, as medical education is difficult to reach its mountainous areas because of poor transportation.

AUSTRALIA

Two Cases of HIV-2 in Victoria

BK0803021794 Melbourne Radio Australia in English
0100 GMT 8 Mar 94

[Text] At least two cases of the less common strain of HIV have been reported in Victoria. Janet Gribb reports that two men have been diagnosed positive for HIV-2, which is so far associated with people from West Africa and their sexual contacts:

[Begin Gribb recording] These two new cases bring to three the number of HIV-2 cases reported in Australia. This strain of the virus attacks the immune system in the same way, but appears to progress more slowly towards AIDS. The latest issue of the AUSTRALIAN HIV SURVEILLANCE REPORT said the two men diagnosed were in a relationship and the second man appeared to have contracted HIV-2 from his partner, who may have acquired the infection as long ago as mid-seventies.

Dr. Nick Crofts of the McFarlane Burnett Center for Medical Research says the two cases are interesting in that so far no links with West Africa have been established. He says the general public need not be concerned about the new cases, as all Australian blood products are tested for both strains of HIV. [end recording]

The Victorian AIDS Council says there is no need for any change in public health policy on AIDS and people should not be alarmed in the wake of the discovery. AIDS Council President Michael Bartoff said there are lots of similarities between the two AIDS strains:

[Begin Bartoff recording] In some ways there are not all that many implications. HIV-2 is pretty similar to HIV-1—it is transmitted in exactly the same way, its effects are pretty much exactly the same—but in public health terms, in terms of the sort of prevention of transmission, it is really exactly the same as the HIV-1, and I think it is something that has also been well anticipated. [end recording]

JAPAN

Tokyo, U.S. To Provide 12 Billion Dollars To Fight AIDS

OW0302114594 Tokyo KYODO in English 1124 GMT
3 Feb 94

[Text] Tokyo, Feb. 3 KYODO—Japan and the United States on Thursday [3 February] agreed to provide a total of 12 billion dollars from now until the year 2000 for projects aimed at curbing the spread of AIDS and bringing the global population growth under control, Japanese officials said.

The agreement emerged from the bilateral "framework" trade negotiations under way in Tokyo, and will be officially announced after the meeting between Prime Minister Morihiro Hosokawa and U.S. President Bill Clinton slated for February 11 in Washington.

Under the scheme, Japan will give 3 billion dollars and the U.S. 9 billion dollars over the seven years.

The sums compare with 70 million dollars in annual financial aid extended by Japan for such purposes and 600 million dollars by the United States.

The sharply boosted aid will be used to try to find an AIDS cure, supply developing nations with condoms, and enlighten people there about the disease.

The money will also finance projects designed to spread knowledge of family planning and help poor countries compile more reliable population statistics.

According to data by the World Health Organization (WHO), the world's HIV carriers number 14 million at present and are projected to rise to 30-40 million by the year 2000.

Company To Start U.S. Tests on New AIDS Medicine

OW1003143494 Tokyo KYODO in English 1328 GMT
10 Mar 94

[Text] Tokyo, March 10 KYODO—Japan Energy Corp. said Thursday [10 March] that clinical tests on its newly developed second-generation AIDS medicine are set to get under way in the United States.

The tests, already approved by the U.S. Food And Drug Administration, will be conducted on a small number of patients at the U.S. National Cancer Institute, starting in mid-March.

Japan Energy is the first Japanese enterprise to begin clinical tests on a second-generation AIDS medicine.

Company officials said the firm hopes to file with the U.S. authorities in about three years for permission to produce the new medicine and market it as an oral drug.

The medicine will inhibit the working of a protease necessary for the growth of human immunodeficiency virus (HIV), thereby arresting AIDS, the officials said.

SOUTH KOREA

Rabies in Kyonggi, Kangwon Province

SK0203014594 SeouNG-A ILBO in Korean 26 Feb 94 p 30

[Article by Suwon-based correspondent Im Ku-pin: "Warning of Emergency Guard Against Rabies in Kyonggi and Kangwon Area"]

[Text] Residents and domestic animals infected with rabies have been discovered in Yonchon in Kangwon Province and Chorwon and Hwachon in Kangwon Province, as well as in the area near the Demilitarized zone where the entry of civilians is restricted, thus indicating an outbreak of rabies. Therefore, the Kyonggi Provincial government plans to inoculate 22,000 cows and dogs in northern Kyonggi Province. On 25 February, a neighborhood meeting was held in 553 places to discuss measures against rabies and a propaganda campaign on the prevention of rabies was conducted.

Meanwhile, the Domestic Animal Sanitation Research Institute in the Agricultural Promotion Agency recommended to the Ministry of Agriculture and Fisheries that

the northern district in Kyonggi Province be designated as the first district for the prevention of rabies.

It was learned that rabies broke out in the Chorwon and Hwachon area last year, too, and that raccoons and wild cats that came to the villages to find food infected the dogs and cows by biting them in a fight.

The provincial government also requested the military units to shoot these animals to death as soon as they are found, and handed down a directive to each county and city to slaughter the infected cows and dogs.

MALAYSIA

Health Ministry Sets Up Special Unit on AIDS Control

BK0103092094 Kuala Lumpur Voice of Malaysia in English 0800 GMT 1 Mar 94

[Text] The Health Ministry has set up a special unit to control and prevent AIDS and sexually transmitted diseases. Health Minister Datuk Lee Kim Sai said the unit set up under the Disease Control Division of the Health Department last year is manned by seven senior medical officers headed by a director. The unit is responsible for the Malaysian program, strategy, and approach in tackling the AIDS problem.

He said this at a news conference after presenting a check for 100,000 ringgit [Malaysian currency] to the nongovernmental organization's council on AIDS at the ministry. The financial assistance is to help Malaysian AIDS Foundation to carry out its activities. Datuk Lee said the special unit, which has replaced the AIDS task force set up earlier, will monitor all AIDS cases and take appropriate steps to control the disease.

Minister Reports on Spread of Dengue in Penang

BK0803144894 Kuala Lumpur NEW STRAITS TIMES in English 7 Mar 94 p 4

[Text] Kuala Lumpur, Sunday—The number of dengue cases in Penang in the first two months of this year has exceeded that recorded in the whole of 1992, Health Minister Datuk Lee Kim Sai said today.

He said records showed that there were 190 cases in January and February compared with 152 in 1992. Last year, there were 601 cases with one death in the state.

The two-month figure also makes Penang the state with the highest number of cases for that period.

"We are making efforts to control the disease in the state," he said after launching a blood donation campaign organised by the Selangor and Federal Territory Hainan Association at Thean Hou Temple.

Lee said there were 5,598 dengue cases with 23 deaths in the country last year compared with 5,473 cases with 24 deaths in 1992.

So far, the highest number of cases were recorded in 1991—6,628 with 39 deaths.

He attributed the large number of cases to the increase in the number of areas left as breeding grounds for mosquitoes and the ministry's ability to detect dengue cases better.

Lee said the ministry and local authorities had intensified efforts to check the disease.

He said 25,969 summonses were issued to those who had allowed Aedes mosquitoes to breed in their premises last year.

During the same period, 1.2 million ringgit in compound was collected while 102 people were charged in court for related offences.

Lee said the number of dengue cases were higher in urban areas. Last year there were 4,693 cases with 22 deaths in urban areas compared with 905 cases with one death in rural areas.

Foreign Workers Carrying Malaria Virus in Pahang

BK2802125594 Kuala Lumpur Voice of Malaysia in English 0800 GMT 28 Feb 94

[Text] Some foreign workers have been found to be carriers of malaria. Pahang state director of medical and health services, Dr. R. Mahadevan, however, said it is difficult to control them, as they seldom stayed in one place for long.

Dr. Mahadevan said another source of malaria was the Orang Asli [aborigines] in the interior areas. They, too, move from place to place.

Pahang has the second highest rate of malaria cases after Sabah.

THAILAND

AIDS Vaccine Test Receives Official Approval

BK0403093294 Bangkok NAEON in Thai 4 Mar 94 p 12

[Text] The deputy public health minister, Dr. Udomsin Sisaengnam, disclosed that the National AIDS Committee under the chairmanship of Prime Minister Chuan Likphai approved the test of a candidate vaccine [preceding two words in English] on ordinary people, who are listed as a low-risk group, to monitor any reaction and immunity change before the vaccine will be tested on HIV-infected patients. The approval was granted during a meeting on 14 February.

The deputy minister said that the vaccine test must be conducted in line with the rules and regulations set by the World Health Organization and will take time.

He denied the report on herbal medicine in Africa being used as an effective cure for AIDS, and said such rumors are harmful and will encourage promiscuity.

Officials in charge of the test project said that the Thai Red Cross Society will receive applications from volunteers who wish to join the project at the middle of this month. Volunteers must not be from a high-risk group or be HIV-infected. The vaccine test will not be conducted with pregnant women.

The U.S.-made vaccine is named (Cinvac). The test consists of three injections for a period of six months. The second injection is made one month after the first and the last at the end of the sixth month.

VIETNAM

'Over 150' Additional Cases of HIV Infection Confirmed

*BK0402055494 Hanoi Voice of Vietnam in English
1000 GMT 2 Feb 94*

[Text] Over 150 more Vietnamese have been confirmed infected with HIV virus, which can cause AIDS. It raises the number of reported cases to 1,167. The new HIV cases include the first ever in Lang Son Province, a booming trade center on the border with China. Vietnam discovered its first HIV case in December 1990 and its first case of AIDS last year.

Ten More HIV-Positive Cases Detected in Lam Dong

*BK1602122594 Hanoi Voice of Vietnam Network
in Vietnamese 1100 GMT 15 Feb 94*

[Text] Early in February, the medical authority of Lam Dong Province, with assistance from local police and local medical stations, collected 204 blood samples of local people and had them tested at the Pasteur Institute in Ho Chi Minh City. The test revealed that 10 of the blood samples were HIV-infected bringing the total number of people of Lam Dong infected with HIV to 18. All of the people of the newly-detected cases are male drug addicts.

Conference Evaluates Successes in Fight Against Malaria

*BK2602110194 Hanoi VNA in English 0539 GMT
26 Feb 94*

[Text] Hanoi VNA Feb. 26—A conference to evaluate last year's anti-malaria work in the northern provinces and work out a programme for 1994 was held in Bac Thai Province by the Ministry of Public Health.

Vice Prime Minister Nguyen Khanh attended the conference.

Last year, all the three targets of the anti-malaria programme were reached: the death rate from malaria dropped by 30 percent, the number of malaria sufferers down by nearly 20 percent and the number of malaria epidemics was 84 percent lower than in 1992.

In the central highlands, one of the worst affected areas, the death rate was down by 50 percent, while in the mountain provinces Tuyen Quang, Lang Son, Quang Ninh, Bac Thai and 15 midland, northern and south-western delta provinces, the number of malaria deaths was less than three each.

In 1993, the state provided 50 billion dong for the programme. Up to 3.67 million malaria patients were given treatment, and 458 mobile anti-malaria teams worked at the village level.

The recorded death was little more than 1,000. Apart from the state budget, the localities also allotted 15 billion dong for the programme.

In 1994, the state decided to allocate 60 billion dong for the anti-malaria programme, which has a target reducing the mortality rate by 30 percent and the number of malaria outbreaks by 20 percent in comparison with 1993.

BOSNIA-HERZEGOVINA

Regions Report 1,715 Cases of Infectious Diseases in January

AU0302161394 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1400 GMT 3 Feb 94

[Text] According to information received from the regions of Kaleaj, Celic, Teocak, Mostar, and Sarajevo, 10 people have been killed and 52 wounded in the last 24 hours. The situation concerning food, medicine, medical kits, and winter clothing and shoes is the worst in Tesanj, Maglaj, Kladanj, Zavidovici, Olovo, Konjic, Mostar, and Gorazde.

The hygiene and epidemiological situation in the republic was unfavorable in January—there were 1,715 cases of infectious diseases. The infectious diseases that have been spread the most are enterocolitis, infectious hepatitis, and prurigo.

Health Conditions, Disease Outbreak Reported

AU1602210094 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1800 GMT 16 Feb 94

[Text] The situation with the supplies of food, medicines, medical kits, fuel, and winter clothes and footwear is still most critical in Maglaj, Tesanj, Gornji Vakuf, Zavidovici, Kladanj, Olovo, Zepa, Mostar, Konjic, and Gorazde. The unfavorable hygienic-epidemiological situation in our country is still continuing. During last week alone, 96 cases of enterocolitis, 41 cases of contagious hepatitis, and 16 cases of prurigo have been registered in Sarajevo, the Republican Headquarters for Health and Social Security of Citizens of Bosnia-Herzegovina has announced.

New Cases of Enterocolitis, Hepatitis in Sarajevo

AU2102171294 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1400 GMT 21 Feb 94

[Text] The republican Headquarters for Health Care and Social Security reports that the situation with the supply of food, medicine, dressings, fuel, winter clothing, and shoes is most critical in Maglaj, Tesanj, Bihac, Jablanica, Mostar, Zepa, and Gorazde.

The hygienic and epidemiological situation in Bosnia-Herzegovina continues to be unfavorable. In Sarajevo alone, another 129 new cases of enterocolitis, 56 cases of infectious hepatitis, and 17 cases of prurigo were registered last week.

CZECH REPUBLIC

Total of 177 HIV Cases Registered

LD2002211594 Prague CT 1 Television Network in Czech 1830 GMT 20 Feb 94

[Text] As of today there are 177 HIV positive people registered in the Czech Republic, and 46 of them have full-blown AIDS; 28 people died. In the last few months the number of infected women of reproductive age has grown. Experts estimate the real number of HIV positive people in the Czech Republic is about 2,000 to 3,000 people.

Statistics Show 174 HIV-Positive Cases

AU0103145994 Prague RUDE PRAVO in Czech 25 Feb 94 p 3

[“per”-signed report: “Already 174 HIV Positive”]

[Excerpt] Prague—On 31 January, there were 174 HIV-positive cases registered in the Czech Republic, which is four more than in December. Dr. M. Bruckova from National Reference Laboratory for AIDS told RUDE PRAVO on 24 February. She added that of the aforementioned number, 46 persons had fully developed AIDS, and 33 of those had already died. Statistics have been kept since 1985. Bruckova stated that the number of people infected with HIV has continued to grow in February. [passage omitted]

ROMANIA

Figures Show Most AIDS Sufferers Children Under Four

AU0302203294 Bucharest TINERETUL LIBER in Romanian 1 Feb 94 p 3

[Rodica Dirzu article: “Latest Data Regarding Infections with HIV/AIDS”]

[Text] Constanta continues to be the county that is “leading” in the number of HIV cases. Out of the 815 cases listed until the end of 1993, 789 are children. Bucharest ranks the second with 354 cases (261 children) and the third one is Giurgiu with 173 cases (171 children). The least affected counties are: Alba, Cluj, Maramures, and Salaj with only one case in each. Out of the 2,635 cases in Romania 2,335 cases refer to the 0-4 age group. The main way of transmitting the disease in the case of children is unknown (904 cases) followed by nosocomia (791 cases) and through transfusions (612 cases). In case of adults, most AIDS patients are heterosexuals (82 cases).

Article Views Death Rates, Risk Categories For Cancer

AU0903091294 Bucharest TINERETUL LIBER in Romanian 3 Mar 94 p 1

[Rodica Dirzu report: “Females Are More Affected by Cancer Than Males”]

[Text] Despite the fact that, in our country, cancer does not belong among the first-ranking illnesses that cause death, it is still a great health problem owing especially to its social implications. The cancer death rate is higher in the urban areas than in rural areas. In the category of people aged 33-60, the so-called category of active [working] persons, 29 percent of the deaths among females are caused by cancer, whereas the same figure among men is merely 22 percent. Among females, the most frequent cases of cancer are breast cancer, followed by uterine and stomach cancer. Among males, the list is topped by lung and bronchial cancer, followed by stomach and prostate cancer. The category of active persons is most affected by cancer (50 percent of the cases belong to that category), followed by the group of persons aged 60-65 (45 percent), whereas the least affected is the group aged 0-33 (5 percent.) The

number of cancer cases among children has increased lately: In 1993, 1,071 such cases had to be treated, compared to 800 in 1992.

Experts Link Cancer 'Explosion' to Radioactivity

AU0903194294 Bucharest ROMANIA LIBERA
in Romanian 7 Mar 94 p 3

[V. Bunget-signed report: "The Number of Cancer Cases Explodes—500 New Cases Each Year"]

[Text] While until recently in Mehedinti County they registered a number of 400 new cancer cases each year, last year the number of those found to be suffering from that illness increased to 500. Among the most frequent forms of cancer are those of the thyroid gland, lungs, and leukemia. According to experts, such an alarming "explosion" of the number of new cancer cases is the consequence of radioactive emissions from Chernobyl. The peak is expected in 1996.

However, in the opinion of the experts, the large number of people in Mehedinti County condemned to death by this merciless illness may also be directly linked to the nuclear accident at Kozloduy (Bulgaria) [on the Danube, close to Mehedinti County] and with the risk factors currently existing in Mehedinti County itself, of which the principal ones are the rubber plant, the cellulose and paper mill, and, especially, the heavy water plant. To all this one can also add the typical illness of workers at the uranium extraction plant, endemic nephropathy or E-type uremia. On top of all this, owing to the disastrous financial policy of the current rulers, the number of hospital beds is insufficient and the necessary hospital equipment is also inadequate. Not to mention the current exorbitant cost of chemotherapy!

YUGOSLAVIA

Associations Launch Anti-AIDS Campaign

AU0703181594 Belgrade Radio Beograd Network
in Serbo-Croatian 1400 GMT 7 Mar 94

[Text] The outline of a campaign to fight AIDS has been presented in the festive hall of the Belgrade Assembly building. Gordana Jevdjovic has the details:

[Begin Jevdjovic recording] What is involved is the first stage of the campaign, aimed at young people aged between 13 and 17. The Yugoslav Association for Combating AIDS, the IDEA PLUS Agency, and the television's Third Channel have made a poster and a radio and television spot on the basis of a study. As it has been learned that young people have been informed about the ways AIDS spreads and the methods of protection, but that they do not apply that knowledge, the objective of this courageous campaign is to influence young people's way of life in a way most suitable for them.

It was said at the meeting that according to estimates, in the year 2000, 40 million people will be infected with AIDS. According to the latest data, there have been 322 AIDS cases in Yugoslavia and 251 in Belgrade alone. Therefore, one must not get discouraged about the struggle against AIDS. Campaigns aimed at adults and at people with atypical behavior are also planned. [end recording]

Organizations Move To Halt Typhoid Fever Epidemic in Shtime

AU0302082894 Tirana TVSH Television Network
in Albanian 1900 GMT 2 Feb 94

[Text] Announcer: The Prishtina Medical Commission of Kosova League and the Red Cross are mobilized to avoid the epidemic of typhoid fever that, as you have been informed, has lately reached distressing proportions. Let us follow our reporter, Skender Durmishi:

Durmishi: Some 56 persons became sick during the epidemic of typhoid fever that broke out in Shtime over the last two months. Of these, 26 are handicapped persons, while the others are citizens of Shtime and near-by localities. So far, 37 persons effected by typhoid fever have been hospitalized, while the others are under medical supervision, however, even those need hospital treatment due to the danger of the disease.

These associations [Medical Commission and Red Cross] ascertain that the main cause of the epidemic is the polluted water in the Shtime wells, which were locked in the two nearest quarters, as well as defects in the canalization network. At communal level, a disease-prevention staff has formed since the outbreak of the first signs of the epidemic. While, in some quarters, commissions have been formed so as to advise on the medical situation of the population, and particularly that of the families of the sick. The present competent institutions have warned the population to boil wellwater and to take drinking water only from safe sources.

In cooperation with the Mother Teresa Humanitarian Association, it became possible to ensure a considerable amount of soap, disinfection equipment, and necessary antibiotics and to inform the Federation of the International Red Cross and the World Health Organization.

A communique on the disease mainly ascertains the present situation, but at the end obliges the Medical Faculty epidemiologists to rapidly present concrete proposals on urgent measures to overcome the grave situation created by typhoid fever in Shtime.

Rabies Diagnosed in Kikinda, Surrounding Region

AU2202141594 Belgrade BORBA in Serbo-Croatian
18 Feb 94 p 20

[M. Latinovic report: "Rabies in Kikinda"]

[Text] Kikinda— After having diagnosed rabies in several wild and domestic animals, the Ministries for Agriculture, Forestry, and Water Resources of the republic of Serbia have issued a statement pronouncing the town of Kikinda and the surrounding region contaminated by rabies.

In order to fight and root out the disease, the authorities intend to carry out the listing, vaccination, and marking of all unvaccinated dogs and cats older than four months. All citizens of Kikinda who are owners of unvaccinated animals, have to bring in their pets to the yard of the veterinary station next week for vaccination, that is from 23 February until 25 February.

The ministry has also issued a decree that, in order to successfully fight rabies, dogs and cats must be held locked

in houses. In addition, trading in such animals, as well as exhibitions and fairs, is forbidden, which also applies to wild animals.

Health Center Registers 471 Cases of Hepatitis in Tetovo

AU0302125594 Skopje MILS-NEWS in English 3 Feb 94

[Unattributed report: "Infectious Hepatitis in Tetovo"]

[Text] The number of the infected with hepatitis in Tetovo increases daily. The city health care center registered 471 infected individuals, in the course of last December and January this year. The disease spread considerably during these two months, especially among school children. The epidemics is to a great extent also due to lack of drinking water in the region.

Hepatitis A Epidemic 'Acquiring Alarming Proportions'

LD0502084694 Belgrade TANJUG Domestic Service in Serbo-Croatian 0120 GMT 5 Feb 94

[Excerpt] Skopje, 5 Feb (TANJUG)—According to epidemiological services in the former Yugoslav Republic of Macedonia, the outbreak of an epidemic of infectious viral hepatitis A in the western parts of the country is acquiring alarming proportions. The viral disease, known to science as the infection of dirty hands, is most widespread in Tetovo.

Approximately 500 people have been registered at the local clinic as having contracted the disease over the past 12 months. [passage omitted]

REGIONAL AFFAIRS

Regional Health Report for 4 February PA0502130294

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored through 4 Feb 1994. Source is cited in parentheses following each item.

Costa Rica

Malaria—Atlantic region officials have reported that there were 3,000 malaria cases in the Atlantic zone in 1993 and that at least 216 cases were reported from December 1994 to January 1994. Health officials in the area have indicated, however, that the number of cases has decreased considerably in comparison to 1992. (San Jose LA REPUBLICA in Spanish 19 Jan 94, p 4a)

Malaria—Limon health officials have reported that 108 malaria cases were reported in Matina canton during the first days of January 1994, and that measures are being taken to stop a further increase. (San Jose LA REPUBLICA in Spanish 20 Jan 94, p 5a)

AIDS—Official sources have reported that there has been an increase in AIDS cases—one every month—among the heterosexual population during the past two years. The AIDS Control Office reported that 31 heterosexuals had caught AIDS between 1992 and 1993 and only 22 had caught it in the previous six years. The source added that 555 AIDS cases had been registered up to 15 December 1993; this includes 347 who have died, 193 that are alive, and 15 whose whereabouts are unknown. (Mexico City NOTIMEX in Spanish 2239 GMT 27 Jan 94)

Leprosy—Health officials have started a campaign to eradicate leprosy in the country. They reported that there are 302 leprosy cases—one case for each 10,000 inhabitants—in Costa Rica currently. (San Jose LA REPUBLICA in Spanish 24 Jan 94 p 6a)

Guatemala

Contaminated water—Health Minister Gustavo Hernandez Polanco revealed yesterday that 85 percent of the country's water is contaminated with feces and waste from factories and ranches. He expressed his deep concern for this situation as it will further the spreading of the cholera epidemic in the country. Hernandez added that priority will be given to the solution of this problem. (Guatemala City SIGLO VEINTIUNO in Spanish 22 Jan 94 p 3)

Cholera—Deputy Health Minister Carlos Duarte reported today that there have been at least 152 cases of cholera during January 1994. He said none of the cases were fatal but warned that the epidemic could increase this year if adequate measures are not taken. Most cholera cases have been registered in Escuintla, Suchitepequez, Retalhuleu, Zacapa, Chuquimula, Solala, Izabal, and Guatemala Departments. (Panama City ACAN in Spanish 0020 GMT 26 Jan 94)

Cholera—Health Ministry officials have reported that the cholera epidemic appeared in Guatemala in July 1991 and that 3,664 cases were registered that year; 15,861 cases in

1992; 30,821 cases in 1993; and 152 cases in the first two weeks of 1994. (Guatemala City EL GRAFICO in Spanish 26 Jan 94 p 6)

Cholera morbus/dengue—Peten municipal official Manuel Barquin Duran has reported that more than 200 people died of cholera morbus and dengue in Peten Department last year. He said the total number of victims are never reported because regional health officials are afraid they will be fired for not implementing effective prevention programs and, thus, give other reasons as the cause of death. Barquin said the department is totally abandoned by authorities and that Peten residents have to protest to get adequate attention. (Guatemala City EL GRAFICO in Spanish 3 Feb 94 p 24)

Mexico

Respiratory/intestinal infections—The Mexican Health Secretariat said 80 percent of all illnesses suffered by Mexican Indians are due to respiratory and intestinal infections. Respiratory infections account for 59.8 percent of fatalities. (Madrid EFE in Spanish 2004 GMT 24 Jan 94)

Nicaragua

Malaria—Malaria is adversely affecting the urban population of Nandaime, Health Ministry officials have reported. There were 592 cases of malaria reported in 1993. So far a total of 87 cases have been reported in 1994. According to officials, nearby rice paddies contribute to the reproduction of the anopheles mosquito, which spreads the disease. (Managua EL NUEVO DIARIO in Spanish 30 Jan 94 p 7)

Cholera—At least five people died and 293 others became infected with cholera in Nicaragua in January, the Nicaraguan Health Ministry has reported. Most of the victims lived in Chinandega, Granada, Managua, and Matagalpa Departments. According to official reports, 220 people died of cholera and 6,631 became infected with the bacteria in 1993. (Panama City ACAN in Spanish 2225 GMT 2 Feb 94)

Cholera—Health brigades in Boaco have reported that persons in five communities have caught cholera. A total 15 people have died and 25 were admitted to the hospital in Bocana de Paiwas. (Managua Radio Corporacion in Spanish 1230 GMT 3 Feb 94)

Panama

AIDS—According to a Health Ministry report, 357 persons have died from AIDS over the past 10 years. The report said that 614 cases have been registered, 94 women and 520 men. Of the 357 deaths, 291 were males and 66 females. (Panama City LA ESTRELLA DE PANAMA in Spanish 3 Feb 94 p c-7)

Peru

Dengue—Health authorities have reported that at least two persons have died and 300 have been infected with dengue during the past week in Tumbes Department, bordering Ecuador. (Paris AFP in Spanish 1858 GMT 28 Jan 94)

Venezuela

Measles—An official commission headed by Health Minister Pablo Pulido traveled to Amazonas State on 28 January to direct a vaccination campaign against measles in view of an outbreak affecting Indian communities. A total of 60,000 people will be vaccinated. According to Health Ministry officials, 20,244 cases of measles were registered in Venezuela, of which 48 were fatal. (Caracas EL DIARIO DE CARACAS in Spanish 29 Jan 94 p 6)

Regional Health Report 4 March

PA0403222194

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored in Panama Bureau's coverage area through 4 March. Source is cited in parentheses following each item.

Panama

Malaria—Manuel Vasquez, director of the National Services for the Eradication of Malaria, stated that so far this year there have been approximately 128 cases of malaria in Bocas del Toro Province, specifically in the towns of Tabode and Santa Maria. (Panama City EL SIGLO in Spanish 1 Mar 94 p 49)

Venezuela

AIDS—Vicente Perez Davila, health and social welfare minister, announced that an AIDS prevention program will be implemented over the next three years with the help of the Pan-American Health Organization. According to figures by the WHO, there are 6,056 cases of AIDS in Venezuela. (Caracas EL DIARIO DE CARACAS in Spanish 4 Mar 94)

Southern Cone Health Report Through 3 March

PY0403032294

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 3 March.

Argentina

Cholera—The Health and Social Action Ministry reported on 2 March that eight new cholera cases had been registered in Buenos Aires, Salta, Jujuy, and Santiago del Estero Provinces. The total number of cases has risen to 721 nationwide so far this year. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 2253 GMT 2 Mar 94)

Bolivia

Cholera—Dr. Bernardino Fuertes, director of the Regional Health Secretariat Epidemiology Department, has reported that 24 cholera cases have been confirmed in

Potosi Department. Meanwhile, the Cochabamba Regional Health Secretariat has reported that 40 cholera cases have been registered in Cochabamba Department in the last two months. (La Paz Radio Fides Network in Spanish 1100 GMT 2 Mar 94)

Brazil

Cholera—The Rio de Janeiro State Government has reported that 42 cholera cases and three fatalities have already been registered so far this year in this state. This number is 8.5 times higher than during the first two months of 1993. (Sao Paulo FOLHA DE SAO PAULO in Portuguese 24 Feb 94 Section 3 p 4)

Chile

Hepatitis—Twenty-three cases of hepatitis have been reported in the village of Domeico in the Third Region due to the contamination of underground water. (Santiago Television Nacional de Chile Imagen Internacional in Spanish 1700 GMT 2 Mar 94)

Peru

Bubonic plague—An outbreak of bubonic plague in Catache District, Santa Cruz Province, Cajamarca Department, has killed four people over the past few hours, while 25 others are in serious condition. (Lima EXPRESO in Spanish 13 Feb 94 p A12)

Cuba Selling Brazil Generic Medicines To Offset Part of Debt

PY0702173594 Sao Paulo O ESTADO DE SAO PAULO in Portuguese 5 Feb 94 p A15

[Text] Brasilia—The Cuban Government will sell Brazil \$30 million in generic medicines that will arrive in the country between 30 and 60 days. This commercial agreement will be used to pay part of the Cuban debt with Brazil, which totals \$48 million. This was reported by Cuban Vice President Carlos Lage D'Avila, who is visiting Brazil to negotiate investment strategies in the country.

Lage met yesterday with President Itamar Franco and with Health Minister Henrique Santillo. Lage stated that Cuba is able to supply several medicines to Brazil at good prices. He said Cuba can sell Brazil generic medicines, like antibiotics and anesthetics.

Carlos Lage explained that the Cuban Government is "patiently" awaiting the Brazilian discussion over the effectiveness of the anti-meningitis meningococcal B-type vaccine produced in Cuba. "We are aware this issue is being thoroughly discussed in Brazil but I would like to remind everyone that we are the scientific proof of the vaccine's effectiveness."

Colombia To Buy Cuban Vaccines

FL1302200694 Havana Radio Rebelde Network
in Spanish 1800 GMT 12 Feb 94

[Text] Cuban and Colombian health experts are currently analyzing, in Bogota, the agreements for Cuban-Colombian technical cooperation in health matters. These agreements, which were signed in January during the visit to Havana of Colombian Public Health Minister Juan Luis Londono, have to do with vaccination, monitoring, epidemiology, strengthening the network of laboratories, primary health care, medicines, tropical diseases, hospital equipment maintenance, and the training of human resources.

The work done by Cuba in vaccines against meningitis and hepatitis-B is noted in an official communique. Important medicines of that kind will be purchased by Colombia. There is also progress as regards the 5-year vaccination program and the tropical disease program.

The Cuban delegation will be in Colombia until 17 February.

Cuba, Colombia Sign Health Care Agreement

PA2402132894 Havana Radio Havana Cuba in Spanish
1300 GMT 20 Feb 94

[From the "Morning Information Review" newscast]

[Text] Colombia and Cuba signed in Santa Fe de Bogota a cooperation agreement on [word indistinct] basic health, epidemiological monitoring and control, and vaccines, as well as the supply of medicines and equipment. The document, signed by (Eduardo Alvarado), Colombian deputy public health minister, and Jorge Antelo, Cuban deputy public health minister, establishes Cuba's commitment to support the strengthening of basic health care with technical assistance and the exchange of information to create a Colombian model of family medicine.

Cuba will also cooperate in developing a mother-infant program with an emphasis on reproductive health, including perinatal care and the reduction of mother and infant mortality. Colombians will import [words indistinct] for the biological control of vectors, as well as 200 [words indistinct], computerized medical technology. Colombia confirmed it is purchasing 2.5 million units of vaccine against Hepatitis B. In addition, personnel will be trained in Cuba. According to Alvarado, his government is fully committed to strengthening the ties of friendship with Cuba.

Cuban Scientist Carries Meningitis Vaccine Sample to Chile

FL0103140194 Havana Tele Rebelde and Cuba Vision
Networks in Spanish 0100 GMT 1 Mar 94

[Text] In Chile, the Cuban meningitis vaccine could give further evidence of its effectivity, already confirmed in Brazil and Colombia. Finlay Institute director Dr. Concepcion Campa was met in Santiago de Chile by Luis Martinez, director general of epidemiology, and other prominent figures. The Cuban scientist traveled to Chile with a sample of the vaccine, which will be tested for use under local conditions.

ARGENTINA

Governor Duhalde Confirms Use of Cuban Meningitis Vaccine

PY0502193894 Buenos Aires LA PRENSA in Spanish
4 Feb 94 p 12

[Excerpt] Buenos Aires Governor Eduardo Duhalde asserted that the Cuban meningitis vaccine "will be used" in Buenos Aires Province, where in the last few hours a new meningitis case was reported, a five-month-old baby girl.

Duhalde said that "it has been proven that the vaccine is very effective in those older than five," but that "not so for those younger than five." He said: "This is the only meningitis vaccine that exists so we are going to use it." [passage omitted]

BRAZIL

Experts Argue Over Effectiveness of Cuban Anti-Meningitis Vaccine

PY0502193694 Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 Feb 94 p A14

[Article by Edmilson Silva "especially" for O ESTADO]

[Text] Rio de Janeiro—The argument among health experts on the effectiveness of the Cuban anti-meningitis vaccine is continuing. In Rio de Janeiro County the death rate from meningitis is also subject to debate. According to National Meningitis Commission [CNM] Chairwoman Marilia Bulhoes, the death rate is declining. Meanwhile, Municipal Health Secretary Ronaldo Gazolla and Keyla Marzochi, head of the biological sciences department of the National Public Health School sponsored by the Oswaldo Cruz Foundation, claim that the death rate from meningitis is high and worrisome.

Approximately 5 million doses of expired anti-meningitis vaccine still are being kept in cold storage at the Athaulpa de Paiva Foundation facilities in a Rio de Janeiro suburb. The Cuban Government promised to replace the lot free of charge as soon as news about the loss worth some \$50 million hit the press.

The CNM chairwoman advised Health Minister Henrique Santillo against importing the vaccine on the grounds that it does not protect children younger than four, the age bracket most vulnerable to meningitis. The champions of the Cuban vaccine argue that despite the fact that it does not offer total protection, the Cuban vaccine is the only one that has been tested in Brazil with an average success rate of 70 percent.

The matter is far from closed. On 8 February, the CNM will meet in Brasilia once more. Meanwhile, the United States is testing a similar vaccine in Chile that could become available on the market very soon.

According to Bulhoes, the CNM chose not to use the Cuban vaccine after the Adolfo Lutz Institute in Sao Paulo conducted studies that showed a significant increase in antibodies, meaning immunity, in only 22 percent of the children ages 23 months or less, in 45 percent of the children between 24 and 47 months, and in 42 percent of children between 48 and 53 months. When used in Amapa State, the same vaccine

increased the immunity of only 12 percent of the children who had been vaccinated. Health expert Keyla Marzochi claims that studies showed that the vaccine was effective in "at least" 70 percent of the children four years and older in Sao Paulo and Rio de Janeiro.

Marzochi reported that in Rio de Janeiro County the vaccine's average rate of success for children between six months and nine years was 74 percent, while for those four years or older the rate of success was 82 percent. Marzochi stated that the Adolfo Lutz Institute conducted laboratory rather than epidemiological studies. Laboratory testing uses significantly smaller samples.

Marzochi argued: "Bearing in mind that the World Health Organization (WHO) recommends a vaccine against leishmaniasis, a nonfatal disease, whose rate of success is only 50 percent, why shouldn't we use a vaccine that gives protection to an average of 70 percent of those who have been vaccinated?"

The first lot of 5 million doses of Cuban vaccine against B-type meningitis were purchased at \$10 per dose on instructions from former Health Minister Alcení Guerra, on the advice of then-Health Ministry Secretary General Augusto Farias, the brother of Paulo Cesar Farias. In 1990 and 1991, the death rate from meningitis stood at 15 percent of those who caught the disease; in 1992 it climbed to 19 percent, and in 1993 it reached 23 percent.

Rio de Janeiro Municipal Health Secretary Ronaldo Gazzola spoke in favor of using the vaccine in Rio de Janeiro and pointed out that the main concern that prompted him to suggest to Health Minister Santillo to import the Cuban vaccine was the upswing in the death rate. Marzochi feels that just replacing the Cuban vaccine would not be enough. "The best thing for Brazil would be for the deal to include an agreement on the transfer of technology so the vaccine could be produced in Brazil."

CUBA

Meeting With U.S. Health Delegation

FL2502025194 Havana Radio Rebelde Network
in Spanish 0000 GMT 25 Feb 94

[Report by journalist Eva Alvarez at Convention Center in Havana—live]

[Text] Today, here at the Convention Center, a meeting took place between the American Association of Medicine—Cuba is vice president of the Latin American chapter of this association; the Cuban Ministry of Public Health; and a delegation from the International Studies Center, presided over by Wayne Smith. This delegation has been invited to this workshop.

The topic of the discussions this morning was public health in Cuba, its situation and predictions; the same topic, but regarding the United States; and two other points that were developed in the afternoon having to do with the consequences of the blockade on Cuban public health care, and the program of health care reform proposed by Clinton.

For the U.S., it was learned from author (Sara Santana) that the Cuban health care system offers indisputable advantages over the American one, where an integrated health care system does not exist, nor any connection between assistance and prevention. Teaching and [words indistinct] research are problems for each institution.

Dr. (Pablo Castro) presented for the Cuban side the development of Cuban health care, the increase in hospital beds, expansion of the physicians' corps by over 27,000 doctors, development of the teaching system and the medico-pharmaceutical industry, and the guidelines and objectives set forth for the year 2,000—among them, notably, redefining strategy because contagious and infectious diseases have been conquered, the battle now being focused on non-contagious chronic illnesses, such as [word indistinct] in 50 percent of fatal cases.

This has been Eva Alvarez reporting on the Cuba-United States meeting on health for Radio Rebelde's Exclusive program.

ALGERIA

Eight Cases of Typhoid Confirmed at University in Annaba

LD0203202694 Algiers Radio Algiers Network in Arabic
1700 GMT 2 Mar 94

[Excerpts] The spread of typhoid fever in the residence halls in Annaba in the past few days has led to the interruption of studies and prompted calls for an investigation into the origin of this disease. Medical reports released in Annaba indicated that the threat of typhoid was over; 27 cases were still in the hospital out of the 38 cases that had been treated, with eight cases confirmed as typhoid. [passage omitted]

It is worth noting that the governor of Annaba has set up an emergency plan to fight this disease and is coordinating efforts with the health centers and university hospitals in the province with a view to carrying out the necessary tests and determining the exact number of cases among the students.

INDIA

Steps in Struggles Against AIDS

Control Boards Established

94WE0188A Bombay THE TIMES OF INDIA
in English 15 Jan 94 p 7

[Text] Kopergaon, January 14 (PTI)—The Central government has formed an "AIDS-control board" in every state under the presidentship of the state health secretary, according to a spokesman of the Union Health Ministry.

The Centre will provide full financial assistance to the board, the spokesman told newsmen at Shirdi, near here.

He said AIDS could be brought under control if social organisations support and actively participate in the field-work.

According to the World Health Organisation (WHO), by 1996 about three million people in India may be HIV positive and 1,79,000 [as printed] of them are likely to be affected by AIDS, he said, adding that there were 16,000 HIV positive cases as of December 1993 in Maharashtra.

As per available figures, 116 patients were affected by AIDS, 72 in Bombay, 21 in Pune, Thane 9, Nagpur 4, Jalgaon 2, Yavatmal 2 and one each in Nasik, Ahmednagar and Aurangabad.

Study Among Lepers

94WE0188B Madras THE HINDU in English
25 Jan 94 p 3

[Text] Madras, Jan. 24—In the first ever study of HIV infection among leprosy patients, doctors at the Central Leprosy Teaching and Research Institute, Chengalpattu in Tamil Nadu have found that 19 out of 1,172 persons screened carried the virus.

According to a paper presented at the 18th biennial conference of the Indian Association of Leprologists which concluded here on Saturday, the study was conducted in

two phases among patients above 16 years of age belonging to both sexes. In the first phase, out of the 463 patients screened, 14 were found to carry the virus. In the second phase 5 out of 709 patients tested positive.

Asked about the objective of the study, Dr. Gupte of ICMR [Indian Council of Medical Research], President, Indian Leprologists Association, said that many AIDS patients had been found to be infected by bacterial diseases like tuberculosis in the final stages of the disease. Hence such studies could explore the possibility of their contracting leprosy, which also was caused by bacteria.

Minister Gives Statistics on AIDS in Kerala

94WE0192A New Delhi PATRIOT in English
25 Jan 94 p 6

[Text] Thiruvananthapuram—Eleven people have died of AIDS in Kerala so far, Health Minister R. Ramachandran Nair told the State Assembly today.

In written replies to questions by Mr. M.M. Hassan (Congress) and others, he said there were 56 AIDS patients in the State now.

He said 302 people in the State were infected with HIV.

Leprologists Hold Conference in Madras

94WE0188B Madras THE HINDU in English
25 Jan 94 p 3

[Text] Madras, Jan. 24—While the West claims to have almost obliterated leprosy, India has the unique and disturbing distinction of having more than half the number of leprosy patients in the world. The reality becomes even starker when statistics reveal that out of every 10,000 in Tamil Nadu, 11 persons have leprosy and in some tribal pockets in Kerala the incidence is so high that 30 out of every 1,000 suffer from this disease which still raises instant revulsion on anybody's face a manifestation of the stereotyped perception about the disease.

At present, achieving a leprosy-free condition is only a distant possibility and the plausible target before the leprologists in the country is to bring the incidence down to one in 10,000 by the turn of the century. Even this demands untiring and committed endeavour on the part of leprologists and depends on various other factors including treatment regimen and diagnostic facilities, public awareness, authentic information on the subject, etc. A plethora of information on various aspects of leprosy was deliberated upon at the 18th biennial conference of the Indian Association of Leprologists held recently at Madras.

Significant Findings

About 300 delegates from all over the country and a few from abroad participated in the conference. Several scientific papers and findings of various projects on diverse aspects of the disease were presented of which some findings were very significant and encouraging, Dr. Simon, Organising secretary of the conference said. According to one study conducted by Dr. C. Appanraj, district leprosy officer, Tuticorin, even infants were found to have been infected by leprosy, defying popular belief that the incubation period of the causative bacterium was very long and intra-uterine infection was not possible. The infection was

found even in a two and a half month old baby. This study warrants that all children with suspicious lesions should be evaluated, irrespective of their age.

Another study on the effect of Multi Drug Therapy (MDT) on Women, by Dr. K. Bhaskar Subuddhi of the Gandhi Memorial Leprosy Foundation, Wardha, Maharashtra, revealed that the eradication of leprosy would be earlier among women than men. The study showed that the incidence rate, prevalence rate, relapse rate and child incidence rate were always less among females. A paper presented by a group of doctors of B.S. Medical College, Bankura, West Bengal, showed that 5 percent of the 2,000 patients selected for study were found to be blind either in one eye or both the eyes. The study reiterated the fact that although the regimen of MDT had reduced ocular leprosy, many instances of blindness were still found among leprosy patients. About 40 percent of them were blind in both the eyes and 68 percent of them curable.

A paper on the new, four week regimen of treatment by Dr. Amar Kant Jha Amar of the Patna Medical College Hospital indicated that the method was very effective, well tolerated and needed wider trials. Various papers covering the entire gamut of leprosy were also presented and evaluated at the conference.

Fresh Cases

Dr. M.D. Gupte of the ICMR, president of the Indian Leprologists Association told THE HINDU that still substantial number of fresh cases of leprosy were being reported. The findings of the experiment of vaccines, MW and ICRC, currently being conducted in Tamil Nadu, will be available by 1998 and if the results were positive it would go a long way in the eradication of the disease. It is the first study of its kind in the world. The incidence of single lesion leprosy was widespread, but 60-70 percent of it healed without treatment, he said. The experiments on Polymerase Chain Reaction (PCR) and Molecular Biology were in the preliminary stages and the results would be useful for the detection of leprosy. The participation of the younger generation at the conference was encouraging, he said.

And a piece of advice by Dr. Simon: "Please don't turn the health visitor away. Anybody can contract the disease, whether rich or poor, it is completely curable and early detection is very important for treatment."

Over 30,000 Cancer Deaths Annually

94WE0192B New Delhi PATRIOT in English
29 Jan 94 p 6

[Text] Varanasi, Jan 28—There are about 1.7 million cancer patients in India and about 30,000 to 35,000 people die annually from this disease, a medical expert warned today.

Dr. S.P. Kohli, Deputy Director General, Ministry of Health told the first international conference of the Indian Association of Palliative Care here that cancer is no longer a problem of developed countries but a matter of concern for developing countries also.

She said the problem had acquired greater magnitude due to an increase in life expectancy resulting in a greater ratio

of old people in the population, increase in population, improved life style as well as modernisation.

In India, breast, cervix and uterus cancer was most common in women while men were more prone to mouth, larynx and lung cancer.

These types of cancer were tobacco-related and could be prevented by proper education, creating awareness and stopping tobacco intake.

Lung cancer was nearly nine times more common in smokers than in non-smokers, Dr. Kohli said.

Considering this, the Union Government had chalked out a plan of action for prevention of cancer at an early stage, prevention of tobacco intake in any form, early diagnosis of cancer specially in cervix, breast and mouth.

She said that it was most unfortunate that most of the cancer patients in India reported at a very advanced stage in hospitals and regional cancer centres, rendering the therapy ineffective.

She suggested that since there were more advanced cancer cases in India, Palliative therapy should be provided to such patients effectively.

In India, 30 percent of the cancer cases could not be treated with active therapy and "we could provide only palliative therapy in such cases," Dr. Kohli said.

Cancer pain is not an inimitable part of cancer, contrary to common belief. Little is done to alleviate pain simply due to inadequacy of medical education in cancer pain therapy, she said.

Medical students were taught to treat cancer but not cancer pain. She suggested introduction of pain relief and palliative care education at undergraduate and post-graduate teaching level.

The Union Government had started producing oral morphine in collaboration with the World Health Organisation directly to 10 identified regional cancer centres. There was a proposal to provide oral morphine to other teaching government medical institutions, too.

She said that morphine was the cheapest and most effective pain killer in cancer. Pain could be minimised in 80 to 98 percent of cancer cases if right drug in right dose and at right time was given, she said.

IRAQ

'New Explanation' for Disease Plaguing U.S. Troops Cited

JN0903190494 Baghdad Republic of Iraq Radio
Network in Arabic 1530 GMT 9 Mar 94

[Text] A new explanation for the Iraqi curse, a disease plaguing thousands of U.S. and British troops who served during the anti-Iraq aggression, has surfaced. The U.S. television network CNN today said that an official of the British Lyon Corporation, which specializes in the production of sweets and chocolates, has revealed that U.S. counterparts used banned chemical products in the production of sweets that were specially prepared for the U.S. troops taking part in the Gulf war.

CNN quoted Edward Harrison as saying that if it were not for the chemical products used in the production of sweets, the sweets corporations would not have been able to cope with the problem presented by chocolate melting under the extremely high temperature in Saudi Arabia, where the U.S. troops were deployed.

It is to be recalled that U.S. troops complained that the sweets they received at the time were not in good shape. This prompted the U.S. military command to ask U.S. sweets corporations to find a rapid solution to this problem.

An official source in Baghdad commented on this news report, saying that the U.S. Department of Defense is making various attempts and promoting various lies to obliterate the facts pertaining to the mysterious disease that has plagued U.S. and British troops. Independent U.S. scientific quarters, he added, have said that the cause of this disease is the handling of shells coated with depleted uranium, which produces radioactive reactions inside vehicles, aircraft, and tanks, thus affecting the health of troops, not to mention the impact on the environment.

Deteriorating Food, Health Situation Reported

*JN0702174194 Baghdad INA in English 1400 GMT
7 Feb 94*

[Excerpt] Baghdad, Feb 7 (INA)—A recent report by a Food and Agriculture Organization (FAO) mission has confirmed earlier conclusions by another FAO/WFP survey that warns of a rapid deterioration in food supply situation throughout Iraq. The present mission report, issued in December last year, notes with deep concerns the prevalence of several commonly recognized pre-famine indicators. These conclusions, based on observations and interviews in several areas of the country, confirm the presence of such indicators as very high food prices, collapse of private incomes, depletion of personal assets as well as rapidly increasing numbers of the destitute. Following is the fourth part of the FAO mission report:

The shortage in water supply has led to severe problems in hygiene. According to health authorities outbreaks of lice, typhoid, and cholera continue to be serious public health problems in al-Basrah and throughout the country (department in al-Basrah, personal communication).

Moreover, sanitation has become a common problem in schools that now have 2-3 shifts a day leading to facilitated transmission of water-borne diseases amongst the primary age school children. Care International reported that in 1954 [year as received] it plans to rehabilitate school lavatories.

Although the extensive vaccination supply system and the cold chain broke down completely immediately after the war, immunization rates are back well above 80 percent, better than pre-war levels in certain areas (UNICEF 1993, personal communication). The Ministry of Health has received substantial assistance from UNICEF/WHO in maintaining the cold chain and in the provision of vaccines for immunization. The mission noted adequate stocks of vaccines in Maysan and Irbil Governorates. In addition, many mothers when asked, knew about the BCG vaccination.

Although little is known about the incidence of acute respiratory infections (ARI), drugs to treat infections in children remain inadequate. The mission noted that several cases of ARI in the pediatric wards of Saddam City Hospital in Baghdad. These cases were receiving antibiotic treatment but physicians complained of shortages, especially during the later winter months when ARI is a more frequent occurrence. WHO does provide drugs and other medical supplies, but the total amount is insufficient to meet the needs of the population. In July to March 1993, 780,000 U.S. dollars worth of drugs were provided under the U.N. Humanitarian Assistance Programme. However, drugs to treat chronic diseases, anesthesia to perform basic surgical procedures, nitrous oxide for birthing facilities as well as antibiotics to control infection after surgery are virtually unavailable as reported by several hospitals and the minister of health. This was offered as the explanation of why hospitals are now functioning at 40-50 percent of their original capacity in spite of the reported increase in infectious disease and severe malnutrition.

Only severely ill cases are now being treated. Even when drugs are available, their price on the free market may be 200 times greater than the government rationed price, thus making them virtually unobtainable for the poor.

In summary, food insecurity at the household level, inadequate water and sanitary system, and the shortage of drugs to treat infections are likely to result in more serious malnutrition. [passage omitted]

ISRAEL

Concern Over 'Dramatic Increase' in Rabies Cases

*TA0702082194 Jerusalem THE JERUSALEM POST
in English 7 Feb 94 p 3*

[Report by Liat Collins]

[Text] A dramatic increase in rabies cases last year is causing concern at the National Veterinary Service, which reported 70 cases in 1993, the highest number since 1957. There were only 46 reported cases in 1992.

"The increase—which is very worrying—is because of the rising incidents among foxes and jackals," said Chief Veterinarian Avner Shimshoni. "It shows that without efforts to reduce the jackal and fox population there is no way of stopping the spread of rabies."

Just 15 of the reported rabies cases last year were in dogs; 43 were among foxes and jackals and the rest in other animals including one sheep, an ass, a cat, and cattle. In 1992, 23 rabies cases were dogs and 13 were foxes and jackals.

During 1993, 117,129 dogs were vaccinated against rabies—an increase of 10 percent over the previous year—but a quarter of the dog population remains without anti-rabies inoculation, Shimshoni noted.

The rise in the numbers of dog owners vaccinating their pets is partly a response to the drop in license and vaccine fees in some towns. New regulations in force at the end of 1993 put a maximum price dog license at NIS [new Israeli shekels] 37.5 and NIS 13.5 for the vaccine.

RUSSIA

Maritime Kray Doctor on Detection, Treatment of AIDS

*OW0303112994 Vladivostok Radio Vladivostok
Network in Russian 0310 GMT 21 Feb 94*

[Interview with Yelena Vasilyevna Zavatskaya, deputy head physician at the Maritime Kray Center for the Prevention and Treatment of AIDS, by Vladimir Isakov; from the "Lunch Hour Break" program—recorded]

[Text] AIDS has been called the Bubonic Plague of the 20th century. What action is being taken in the Maritime Kray to prevent the spread of this disease? Our correspondent, Vladimir Isakov, spoke to Yelena Vasilyevna Zavatskaya, deputy head physician at the kray Center for the Prevention and Treatment of AIDS. [Begin recording]

Isakov: Yelena Vasilyeva, I have a question for you: When and why was our center established?

Zavatskaya: The kray AIDS center was established in 1989. It is unusual because, with the exception of Moscow, there is no equal to it in Russia.

We have identified seven cases of HIV in the Maritime Kray, five of these in just the past two years. This is far more than in any other Far East region. There is one case each in Magadan and Kamchatka Oblasts, and one in Khabarovsk Kray.

Isakov: What do you think is the reason?

Zavatskaya: The fact that HIV infected people in the northern regions have had sexual partners in Vladivostok and Nakhodka. However, they do not know their names and surnames, and they simply have not shown up here yet. We want people to seek medical advice. We have discreet examination, treatment, and consulting rooms and a crisis center with a round-the-clock crisis telephone line. We will preserve the anonymity of patients. We urge people who suspect they may have contracted AIDS to call us by telephone on 236311. We have an outpatients' clinic where they can be examined by such attending specialists as a [termotrennerologist], a gynecologist, a physiotherapist, an infectious diseases specialist, and a pediatrician.

Isakov: If, for example, someone becomes an HIV carrier, how soon should they come to you?

Zavatskaya: People with HIV generally go rather a long time before they become unwell, but they can still infect others through sex. People should simply be aware that this disease does not run a course like most other diseases and if there is any reason to suspect they may have contracted it, they must have themselves checked.

Isakov: Is there criminal liability if an HIV-infected person knowingly has sex with another person?

Zavatskaya: They sign an undertaking not to spread the disease, as with any other venereal disease.

Isakov: Yelena Vasilyevna, do you have modern equipment that can diagnose HIV infection?

Zavatskaya: We have a laboratory which can diagnose the presence of antibodies in the blood. There is no need to be afraid because there are HIV-infected people at the center;

in fact, I would like to say that, in general, HIV-infected people are no cause for general concern. For instance, on 1 December I felt bad when I read in the NASH VLADIVOSTOK newspaper that here in Maritime Kray, [journalist] Marina Sokolova calls them AIDS carriers when the rest of the world refers to them as HIV-infected. The whole world is battling to protect these people. In principle, it is possible for anyone to become infected through sexual contact, yet here we call them AIDS carriers. There is no protection for them. Young people are committing suicide because it is impossible to live with the stigma of this in our society. That is what I wanted to stress: There must be protection and there must not be such aggression. As things stand, if there is an information leak, the carriers do not have a chance to live and work.

Isakov: Can you tell us if is any medicine which can bolster the immune system?

Zavatskaya: There is the world-renowned azidothymidine [AZT]. The Russian name for this preparation is (kimozit) and if patients need it, they will receive it free of charge.

Isakov: And finally, what is your wish for our listeners?

Zavatskaya: I have a big favor to ask. If you suffer any change in bodily function, or if something is worrying you, please come in. The round-the-clock crisis telephone number is 236311, or you can visit our examination, treatment, and consulting rooms at 50 Botisenko [Street] between 0800 and 1800 hours daily and give a blood sample. You do not need to use your name. We will test it for HIV and Wassermann reaction, and you need not even come back for your results—we can advise you by telephone if you wish. [end recording]

AIDS Checkpoint Set Up on Border With Georgia

*PM0703130794 Moscow KOMSOMOLSKAYA
PRAVDA in Russian 5 Mar 94 p 1*

[Report from "Inform" column: "Border Not AIDS"]

[Text] An AIDS checkpoint has been opened at the "Psou" checkpoint where Russia's land border with Georgia and Abkhazia passes. Now together with the Soviet passport with its hammer and sickle those entering Russia are required to produce a certificate stating that the citizen does not carry the HIV infection. If there is no certificate an analysis is made at the checkpoint for 5,000 rubles. Otherwise entry to Russia is not allowed. According to Nikolay Kochetkov, director of the Sochi AIDS prevention center, among 200 citizens checked at the checkpoint two have already been found suffering from syphilis, as have 20 drug addicts and one person suspected of carrying the AIDS virus.

Outbreak of Diphtheria in Sakhalin Localized

*LD3001225194 Moscow ITAR-TASS World Service
in Russian 1753 GMT 30 Jan. 94*

[Article by ITAR-TASS correspondent Yevgeniy Belovitskiy]

[Text] Yuzhno-Sakhalinsk, 30 Jan—An outbreak of diphtheria, claiming two human lives in December and putting over 50 islanders in the hospital, has been localized. In January, only 10 Sakhalin residents caught the dangerous infection. Enough vaccines and serums have been brought

into the oblast for the treatment and prevention of diphtheria. To combat it, the oblast administration has set up a special operational headquarters and has allocated foreign currency for the acquisition of medicines.

An ITAR-TASS correspondent was told by the head of the health administration of the oblast, Aleksandr Moshenskiy, that most probably the local internal affairs administration's corrective labor institutions were the source of infection; nearly one-third of sufferers are located in the labor colonies.

Medical Officials Warn of Impending Diphtheria Epidemic

OW2502002094 Moscow Ostankino Television First Channel and Orbita Networks in Russian 1945 GMT 3 Feb 94

[Correspondent Z. Fedotova report over video, including interview with Ye.N. Belyayev, chairman of the State Committee for Sanitation and Epidemiological Supervision (Sanepidnadzor); from the "Utro" program—place and date not given; recorded]

[Text] **Fedotova:** Yevgeniy Nikolayevich, even last year the number of cases of diphtheria infection increased to such an extent in the country that medical officials repeatedly said that an epidemic is at hand. Is this true?

Belyayev: Yes, it is. In fact, as of today we have registered more than 15,000 cases of diphtheria—4,500 of them are children, and 388 people have already died, including 79 children. So we must talk about the threat of an epidemic. [video cuts to show hospital, children being immunized]

Fedotova: Yevgeniy Belyayev considers that science has provided a reliable substance to combat diphtheria. The disease can be reduced to just a few odd cases while the threat of an epidemic can be completely eliminated if 95 percent of children and 80 percent of the entire population of the country undergo a proper series of vaccinations.

However, only about 72.6 percent of children are being vaccinated during their first year, and 81.9 percent by the age of three. What is the reason for these low figures? Yevgeniy Belyayev thinks there are several. Here are some of them: An unjustifiably broad spectrum of conditions counterposing medical evidence in the country's present treatment facilities. In fact there are eight of them. In the United States there are only two—a high fever or some immune deficiency. These are the only grounds excusing American children from compulsory inoculation. Another problem is that the annual schedules for vaccinations of the population have been altered four times in the past 12 years and this has given rise to shortcomings in the organization and implementation of the vaccination campaign. [video again shows Fedotova talking to Belyayev]

And what about those strange parents who prevent their children from being vaccinated for various reasons. It seems that this is the way people are—they wait until it is too late. As a matter of fact, Yevgeniy Belyayev unequivocally challenged one of the claims made by recalcitrant parents that domestic vaccines are of poor quality. He said our preparations correspond to the requirements of world standards; they have been tested and recognized and will help stop the epidemic.

Belyayev: Together with scientists and officials of the Ministry of Health and other interested departments we developed a federal program of preventive vaccinations last year. It was approved by the government and it envisages considerable allocations of funds. We adopted a decision to inoculate the entire population during 1994-95. The state recognizes its responsibility to defend you from diphtheria. You too should accept the responsibility for immunizing your children. Have them vaccinated this year. This will prevent you from getting ill. Without detailed, conscientious, precise, and well-organized work in every polyclinic, every school, and every adult outpatients clinic we will not solve the problem. All children's immunization charts and health records need to be checked.

I would also like to appeal to the producers. We have two enterprises turning out the vaccines. Do everything to ensure that we have a sufficient quantity of vaccine this year. You can do this. I must also appeal to workers of the State Sanitation and Epidemiological Service. Do not limit yourselves to helping in organizing this work. To help is your sacred task. But you, epidemiological physicians, have been invested with extensive rights. You must perform the function of supervision. You must demand maximum compliance.

Fedotova: Another thought was expressed during our conversation.

Belyayev: Recently our service has adopted a strict policy of strengthening supervisory functions and many are unhappy about this. They do not like it. Attempts are again being made to make our service subservient to some other department, and to belittle its role in society. However this process is irreversible everywhere in the world. It is a state service, and that is how it ought to be. Efforts to make it part of some department are an attempt to curry favor with the shadow economy and shady people engaged in small business, and I think that in this case we should take a firm stand.

Incidence of Diphtheria, Other Diseases Rises in Petersburg

PM1702154594 Moscow ROSSIYSKAYA GAZETA in Russian 17 Feb 94 First Edition p 2

[Unattributed report: "Diseases Stronger Than Any Programs"]

[Text] A dangerous situation is developing in St. Petersburg as regards the number of cases of diphtheria. Last year the disease proved fatal for 51 St. Petersburgers—none of the dead had been innoculated—including six children.

Commenting on the lamentable statistics for infectious diseases, experts point to the steady rise in such diseases as tuberculosis, syphilis, and gonorrhea. Deaths from dysentery also rose: Last year 172 St. Petersburgers died. The number of cases of viral hepatitis was up 80 percent, with the number of St. Petersburgers who died from the disease doubling last year.

Experts so far see no grounds for an improvement in the epidemiological situation in St. Petersburg although special programs to combat the most widespread diseases are being formulated and implemented at federal and municipal levels.

Diphtheria Outbreak Kills Two in Samara Oblast

PM2202162594 Moscow KOMSOMOLSKAYA

PRAVDA in Russian 22 Feb 94 p 3

[Valeriy Lebedev report: "Diphtheria Kills in Samara"]

[Text] Samara—A diphtheria outbreak has been noted in Samara Oblast. In just under two months 21 instances of people falling ill with this dangerous disease have been identified. A whole family of five including two children aged four and seven has become infected in Novokuybyshevsk. For the seven-year-old child, who had not been inoculated against diphtheria, the disease proved fatal. A three-year-old child has also died in a family of down-and-outs who came to Samara from Krasnodar and has been living at the railroad station.

'Chemical Expert' Uglev Links Weapons' Destruction, Cancer

LD0402134794 Moscow Russian Television Network
in Russian 1700 GMT 2 Feb 94

[Passages contained within quotation marks are recorded from the "Vesti" newscast]

[Text] **Announcer:** Yelena Bonner today demanded that Vil Mirzoyanov, the chemical expert, should have an open trial. Bonner's view is that the legal proceedings violate the legal rules, which means that human rights continue to be a hollow concept in Russia.

The problem raised by Mirzoyanov is becoming public knowledge and more details are now emerging. Aleksey Kondulukov reports:

Kondulukov: The chemical scandal in Russia is assuming ever broader dimensions. Vil Mirzoyanov, the chemical expert who disclosed to the public that new types of chemical weapons are under development and undergoing testing is already under lock and key in the Matrosskaya Tishina prison. The Moscow City Court has already held its first session devoted to this case. There have already been first appeals and first public petitions to the president.

Now yet another letter to Yeltsin has emerged, this time from Uglev, another chemical expert who is also threatened with arrest. Uglev says that Russia is not currently equipped to destroy the stockpiles of chemical weapons in our country, and this is the reason why these weapons are being destroyed by the most primitive of means, without any regard to observing ecological norms. Uglev says that chemical weapons are being destroyed at the Shikhany range in Saratov Oblast as though they are ordinary ammunition.

Uglev: "In individual cases it is poured directly into the ground. That is all, that is what it is all about. Or they explode shells filled with... [pauses] with chemical substances."

Announcer: The soil, the subsoil and the atmosphere are becoming contaminated. The incidence of cancer among the population living nearby has increased. Uglev's view is

that this is a direct consequence of ecological infringements, and he should know, because he himself participated in the development of chemical weapons, and his knowledge of their disabling factors is second to none.

In his letter to the president, Uglev stated that if the country's leadership fails to focus attention on these problems, he will, on 4 February, make public the formula of a new type of chemical weapon. The ultimatum was effective, and Uglev recently met with Baturin, the president's national security aide. Uglev says that the authorities have at long last become interested in this subject matter.

Uglev: "It seems there will be no sensation on 4 February, because there is a definite accord with the presidential aide and, when all is said and done, I think that the main aim has been reached. I am satisfied, to a considerable extent, although the Mirzoyanov case has so far remained deadlocked, generally speaking."

I said to Mr. Baturin literally what follows: If the president issued orders to fire on the White House, there is no need to fire on the Moscow City Court—it is sufficient, as it were, to articulate your point of view to the judges."

Announcer: Whatever happens, the court's next session in the Mirzoyanov's case is tomorrow, and tomorrow we will know for sure how events have unfolded. [Video shows English-language papers; laboratory tests on a dog in chains; a prison; a snow-covered field; a building with many tall chimneys; a man in protective suit and wearing a gas mask, walking along a conveyor belt; a pair of gates; interior of a laboratory or testing facility; long shot of a tank in the middle of a snow-covered field; Uglev being interviewed; maps and diagrams, one marked "testing range map;" a large steel boiler and unidentified equipment; long shot of small facility behind wire fencing, with perimeter lights and a tall, smoking chimney, and rows of medium-sized canisters marked "162;" black and white shot of three men, including Uglev; indistinct list on cancer incidences among the population]

Polyclinic Visits Decline, Emergency Calls Increase

94WE0137A Moscow TRUD in Russian 9 Nov 93 p 2

[Article by Nadezhda Nadezhkina: "To Neither Live Nor Die Like Others Do; What Ails Our Society, and Is There Hope for a Cure?"; first paragraph is boldface TRUD introduction]

[Text] In 1959, immediately after graduating from Moscow Medical Institute, Vladimir Ivanovich Mishugin left for Sakhalin on assignment. He was sent, and he went. For 5 years he worked there on the remote island in a maternity home. He returned to Moscow, headed a department, and became deputy chief and later chief physician of the hospital. He completed international courses of the World Health Organization. For 13 years now he has been the chief physician of Moscow's Hospital No. 52. He has seen a great deal during these years, knows a great deal, and has thought a great deal. He has something to say.

What is a hospital? A place where they operate, treat, and care for patients and help them recover their strength. But I would put it more briefly: A hospital is a center of pain and sorrow. That is why a physician who bends over a patient in the operating room, during resuscitation, or simply in a ward intensely catches his breathing and pulse and sees how suffering is replaced by hope in his eyes. I once thought that in the physician's consciousness there was no room just then for the thoughts that would scare, sadden, or gladden him beyond the hospital walls and that our profession demands such concentration and such self-denial. But now this life outside the hospital digs into the wards every hour of every day. And sometimes you do not know what you must save a patient from: from the hypertension crisis that brought him here or from what awaits him beyond the hospital walls.

The rule of thumb is that the health of the masses is the property of the country. So why then aren't we trying to augment this property? True, this is a difficult transitional time. But each individual's life is unique. People are eating poorly. The demand for bread and potatoes is growing. Vegetables, fruits, and juices are far from available to everyone. Drugs are incredibly expensive. One of my doctor friends stopped seeing a patient because the patient could not afford the pills: "He had better find a way to buy them because burials are even more expensive." A bitter joke!

And in addition, life has twisted around so that many have stopped seeing physicians. The reasons are many. Here are the statistics: A polyclinic is designed for 20,000 visits each year and has 10 sections and 10 therapists. The results are tallied: 16,000 to 18,000 visits maximum. This means that they are forced to consolidate sections and reduce the number of physicians. As a result, the medical service of the microrayon becomes increasingly worse.

It is a bitter paradox: the number of polyclinic visits is decreasing while the number of emergency calls is increasing. We feel it ourselves: There is almost no systematic hospitalization. Before, they would hospitalize you with chronic appendicitis. For a cold, you would receive anti-inflammatory treatment. In a week or two a person was back on his feet. Now they transport you with a ruptured appendix or else with peritonitis. But by then there is a threat to life. Patients arrive in very grave condition, the ambulance brings in 50 or more persons each day, and operating rooms work day and night because often it is already too late for anything besides a scalpel to help.

Our surgeons are excellent. But after an operation, patients need care. Otherwise, even a person whose operation was successful may be lost. And again the winds of the disorder of life blow into our wards. There is essentially no one to care for patients. Nurses earn 32,000 and nurse's aides earn 10,500, which is below the minimum pension. Who will take the job? Before, young women graduated from medical school and were sent to work in hospitals or polyclinics. Now, they put their diplomas in some remote drawer, or else they seek work in commercial situations.

There are no nurse's aides. There are 44 positions in the admissions department, and only 17 are filled. Before,

moonlighting students from the medical higher educational institutions filled them and entered hospital life nevertheless. Today there are none: blood, pain, moans.... It is better to unload the car at night to earn a few "pieces" in addition to one's stipend than to wheel patients from floor to floor and help the helpless...

And in the departments? Take vascular neurology. Impairments in the brain's blood circulation and strokes. Everyone is bedridden. They do not raise their hands, their legs are paralyzed, and their speech is unintelligible. They cannot feed themselves or perform self-care. A few are visited by relatives often. But how many there are who go without visitors for a month. The department is scheduled to have 26 nurses and 18 nurse's aides; however, 14 nurses and 2 nurse's aides work there. And the departments has not 70 patients as planned, but 87. I will not take the blame. Our dear nurses work selflessly. But can they really provide real care. One wipes the floor, throws down the rag, quickly washes her hands, and goes to give an injection. Parishioners have come from the church. They have been called to be sick nurses. All traces of them have been wiped out after only a couple of weeks. The work is very hard. That is why a nurse cannot be found. And each combines at least two positions. It is simply impossible to live on one nurse's salary.

Nearly 40 percent of our patients are elderly. They are the worst of all. Well, we bring them in from an acute situation, and every one of them has a heap of chronic illnesses. Their legs do not work, and their pressure is very unsteady. They are thin and weak. You look at just what is holding a soul inside it. And we cannot leave them in the hospital longer. What we have is a conveyor. The ambulance keeps on bringing them. The next one needs the cot. And it breaks your heart to sign a patient out. Just how will he get by this way at home?

Not long ago they brought in an old man directly from the polyclinic. He was suffering from acute hypertension. He lay in the ward, and we treated and fed him. And once he asked a nurse to telephone his daughter. Our Verochka became interested and asked, "And do you live with your daughter?" "Together, together," he said, "and I hand over my pension. She is all alone. Her husband left, and she has two children. Is she really in the mood for me? We called the apartment and only had time to say "This is the hospital calling" before they hung up at the other end of the line. And this happened several times. The old man had to be signed out. He was recovering. No one came for him. What was there to do? They took a car and drove him home. It was locked. The neighbors said, "The little children are in kindergarten 5 days each week, and the mother herself gets home late." They drove him home the next evening, and again it was locked. It ate the old man's heart out. His face went blank, and he whispered under his breath, "You see, nobody needs me..." And what were we to do? The daughter had to be found through the police.

You start to think, and your heart breaks. Whom do you feel sorry for? I understand how it is for the young woman. She worked somewhere as a recordkeeper at a factory. She earned 20,000 and assistance for her children. One time the old man told us that nearly every morning she took work as a deliveryperson. Later, she moonlighted as a helper in a store to have a kopeck for herself. After all,

children must be clothed, provided with shoes, and fed. She would return home exhausted and would again wash, cook, and scrub the floors. And she is still young and wants some kind of life...But to abandon her father?

Once I recall his worried eyes, I lose all sympathy for the young woman...In the hospital I grew attached to our sweet old man and felt sorry for him. But would they take him home to his daughter. His pressure was brought down, but he could barely walk, his joints ached, and he had an old man's cough. No one would pour him a glass of tea....

I certainly would not have mentioned this case had it been the only one. In nearly every department there lie old men who were ready to be discharged long ago. But we could not. You just don't say "leave". And their relatives are in no hurry to come for them. Sometimes it is worse. We drive them home. They open the door, look out, and shout, "Why did you bring him here? He can hardly walk. You take care of him. It's your duty...." And sometimes enterprising people assume guardianship over an elderly person. He transfers his privatized apartment over to them according to all the rules, and at his very first sign of indisposition, they send their "ward" off to the hospital. They sell the apartment. You can whistle for them in a field....And where is he to go? To the old folks' home?

We need hospitals with nursing care. Let them be hospitals that charge. Every elderly man and elderly woman has some kind of pension. They can lie calmly, get better, and recover their strength as much as possible. And they can leave when then are able to care for themselves. We have been talking about this. But what's this about nursing care hospitals, they wonder, when there are not enough places for patients with acute illnesses? It will happen. We will wait until things in the economy take a turn for the better. We were promised this first in 92, then in 93, and now in 95. This means that today's elderly have no possibility of seeing anything better. What hasn't befallen their fate: the camps, the war, the 5-year-plans, and the shock Siberian construction jobs. Can concern for them be put off until "after stabilization"?

The most terrifying thing is that your close relatives refuse to bury you. As far as I remember, this never happened before. Perhaps the man is some homeless vagrant. It was impossible to find his relatives, so the hospital had to bury him. And then? The son comes, takes the death certificate, and fills out an application: Because of financial circumstances, I am unable to bury my relative...I request....Upon my word, this past year it has ceased to amaze us.

Yes, funerals today are incredibly expensive, and the grants that the government gives do not even cover one-third of the cost. But to not send your father, wife, or son on their final journey? To not bend over them, not throw a handful of earth into a fresh grave. How can one live afterward? God, what is happening to us?

We gather in the hospital's staff room in a rare free moment and think. Of course, people's lives are hard. In some families they live from pay to pay, and they don't have enough bread. But really, was it easy during the war? During the evacuation a mother was ready to give her last skirt for milk for her little children. And she woke up and went to bed with deathly fear for her husband, who was fighting somewhere near the Dnepr. But there was never

such bitterness. They helped one another how they could. They took care of the little children, and they took pity on the old people. The common misfortune united them. In the name of one common great purpose—victory—they were ready to endure. But today?

There are rich as well as poor. One child brings a Snickers and kiwi to school, while another mother can only put a piece of bread into the child's bag...No, I am not for poverty-ridden socialist equality. Let the rich be. They create jobs and sustain the public coffers with their taxes. Only poverty must not be below what we now call the "subsistence minimum." And how much lower can it go if it is already the "minimum"? And nearly every fourth family among us lives that way. Is this not the reason for the bitterness?

Many of those who before believed in the coming communism have now been drawn to the church. But even religion will not bring calm to society. The discussions of the politicians—the democrats, the reds, the browns, the market proponents, the market opponents—are loud. In another family, instead of putting the children to bed on time, they argue about Gaydar and Yeltsin until they are hoarse. Excess politization, like a disease, poisons the consciousness. Simple human values—compassion, common experience, concern for the elderly and children, loyalty to one's wife or husband—have lost their worth. Where are the quiet family joys when everyone used to gather in the evening, albeit at a meager table, but where everyone was happy because despite all the trouble in the world, they still had undying love, warmth, and the comfort of home? We physicians may understand more clearly than others that it is not only the physical but also the moral health of the people that is in danger. Only, where are the drugs for this malady?

LITHUANIA

Disease Prevention Center States Influenza Spreading
WS0902092894 Vilnius ELTA in English 1935 GMT
8 Feb 94

[From "News Bulletin" No. 432]

[Text] Vilnius, Feb 8, ELTA—According to the data released by the National Disease Prevention Centre, more and more people have influenza in Lithuania.

The research of the Infectious Diseases Centre showed that the virus A of the influenza has been spread in Lithuania. The greatest number of those having flu is in Klaipeda, although the situation has been stabilized this week. In Vilnius the number of those who have flu increased by 3.6 times this week.

In Kaunas the number of flu patients has increased by three times, in Siauliai—by 4.5 times, in Panevezys—by 1.5 times. The number of flu patients also increases in Marijampole, Kupiskis, Plunge.

According to doctors, the flu epidemic is not so active as it was last year and there have not been serious complications registered so far.

UKRAINE

Lvov Scientist Develops Cure for Cancer, AIDS

AU0902122994 Kiev DEMOKRATYCHNA UKRAYINA
in Ukrainian 8 Feb 94 p 4

[Anatoliy Rudenko report: "'Ukrainian'"—Against the Most Terrible Diseases"]

[Text] Yaroslav Novytsky, a Lvov scientist, has created a preparation based upon celandine [Latin: *Chelidonium majus*]—a biennial herb of the poppy family—for the treatment of cancer and AIDS. The scientist first used it to

treat his brother, who had cancer, and cured him. Unable to implement his plans in his own fatherland, Ya. Novytsky had to emigrate to Austria, where he continued his research. It proved a success: On the basis of celandine, an even more effective medicinal preparation, Ukrainian, was obtained.

The scientist's invention has been patented in many countries of the world. Major pharmaceutical firms and companies are offering the inventor a lot of money for the patent to produce this preparation, but he is in no hurry. Last year, Ukrainian was successfully tested at the Kiev Medical Institute.

CYPRUS

Four New Cases of AIDS; 159 Sufferers Identified Since 1986*NC0202122994 Nicosia CYPRUS MAIL in English
2 Feb 94 p 3*

[Text] Four cases of AIDS carriers were discovered in January. An artiste from Romania, a house assistant from Zimbabwe and two Cypriot men both aged 32 made up the four. Between October 1986 and to date, 159 cases have been spotted affecting 88 Cypriots and 71 foreigners. Of the 88 Cypriots, 77 are men and 11 women.

Government Releases AIDS Statistics*NC0303075094 Nicosia CYPRUS NEWS AGENCY
in English 1644 GMT 2 Mar 94*

[Text] Four people, a worker from Africa and three Cypriots, were identified HIV-positive in February, an official announcement said Wednesday.

The two infected Cypriots are both 32 years old and the third is 20. All of them contacted the virus from sexual intercourse with an AIDS carrier most likely outside Cyprus, probably Greece or Thailand, the announcement added.

Since October 1986, 163 people - 91 Cypriots and 72 foreigners - were infected by the deadly disease. Of the 91 Cypriots, 80 of them are men.

Seventy-seven of the total number of Cypriot carriers live on the island while 14 live abroad.

So far 16 Cypriots suffering from AIDS have died, while two other carriers died from other causes.

The age group 20-29 concentrated 42 of the 91 Cypriots carrying AIDS. The second high-risk group is between 30 and 39 which concentrated 29 cases.

The most common way (76 percent) of contacting the disease is through sexual intercourse, the announcement said.

GERMANY

Fraunhofer Institute Develops Biosensor-Based AIDS Test*BR0712160693 Munich SUEDEDEUTSCHE ZEITUNG
in German 11 Nov 93 p 37*

[Text] Microsystems engineers at the Munich-based Fraunhofer Institute of Solid-State Chemistry, working with microbiologists from the University of Regensburg, have developed a new HIV test in which a biosensor detects traces of the AIDS virus in blood samples. The Fraunhofer Society (FhG) has recently announced that the system, which works automatically, is ideal for use in mobile units and large test batches and is cheaper and faster than conventional detection methods.

The new process is based on the same test principle as previous methods, exploiting the antigen-antibody reaction. When a human being becomes infected with the HIV, which triggers the lethal immune-deficiency disease,

AIDS, his or her immune system produces specific antibodies to proteins on the surface of the pathogen. These proteins are termed antigens. If a blood sample is exposed to artificially produced antigens, any AIDS antibodies present in the blood will fasten onto them. In the conventional enzyme immune test, which takes several hours, this bond triggers a change of color.

The FhG reports that the new system detects the antigen-antibody reaction in only 10 minutes. An injection valve feeds the blood sample into a stream of liquid flowing through a measuring chamber with a sensitive piezoelectric oscillator. An electronic alternating field causes these thin, pure quartz platelets, of the type used, for instance, in watches and modern digital scales, to vibrate. If anything is deposited on the quartz, the oscillation frequency changes, the change being recorded by the oscillator and the frequency counter.

The researchers used gold, to which proteins adhere well, to coat the quartz platelets with AIDS virus antigens. As soon as HIV antibodies fasten onto the sensor, its mass increases, as does its oscillation frequency. It is reported that test batches of a thousand samples each can be tested automatically with this process. If the AIDS antibody is discovered in one of the samples, the apparatus must be cleaned or the piezoelectric oscillator changed. The society's report states that all previous tests showed a marked difference in response to positive and antibody-free serum samples. As the new test is basically an offshoot of the conventional detection process, the researchers assume that it is equally accurate.

More AIDS Cases, Fewer Deaths in 1993*AU0302092194 Berlin NEUES DEUTSCHLAND
in German 2 Feb 94 p 4*

[DDP/ND report: "More AIDS Cases, But Fewer Deaths"]

[Text] Berlin (DDP/ND)—As compared to the previous year, the number of registered AIDS cases increased in 1993. According to statistical information in the Federal Health Paper 1/94, their number increased from 1,700 to 1,877. On the other hand, fewer deaths were reported. Last year, 203 people died, as compared to 578 in 1992.

Max Planck Society Opens Institute for Infectious Diseases*BR1002154394 Bonn TECHNOLOGIE-NACHRICHTEN
MANAGEMENT-INFORMATIONEN in German
27 Dec 93 p 7*

[Text] The new Max Planck Institute of the Biology of Infection is due to begin work in the eastern part of Berlin at the beginning of 1994 and to move into new premises close to the Charite in 1998 at the latest. The establishment of this institute is regarded as a rare scientific opportunity to devote appropriate attention to this area, which is of importance in terms of both basic research and medical practice.

A third of all fatalities in the world can be traced to diseases caused by microbial pathogens. One and a half billion people—primarily in the third world, suffer from

the 19 infectious diseases (excluding AIDS), for which American doctors consider new vaccines must be developed as a matter of priority.

The methods used in molecular and cytobiology, immunology, epidemiology, and structural chemistry now make it possible to arrive at a better understanding of the biology of the infection process and, consequently, at new approaches to the prevention and treatment of infectious diseases. Research into the biology of infection has thus increased considerably worldwide, although, apart from exceptions such as virus-dependent infectious diseases, it has not yet attained an internationally competitive level in Germany.

With the founding of a Max Planck Institute of the Biology of Infection to carry out multidisciplinary research the MPG [Max Planck Society] has taken a decisive step toward establishing this field in the Federal Republic of Germany.

By the time the institute is complete, it will comprise four departments:

- Immunology (headed by Professor Stefan E.A. Kaufmann), which will primarily study the interactions between immune systems and microbial pathogens, with particular reference to defensive and pathogenic mechanisms;
- Molecular Genetics, which will work on the molecular basis of the pathogenesis of infectious diseases and identify and analyze the factors responsible for virulence;
- Cytobiology, which will focus primarily on the invasion of host cells by microbes and on topics relating to intracellular proliferation and cell-to-cell spreading. Methods provided by cytobiology, electron microscopy, and biochemistry will be used to study communication between pathogen and host cell;
- Epidemiology, which will set out to identify virulence and resistance characteristics relevant to the spread of infectious diseases and to study microecosystems involved in infectious diseases.

The plan from the outset is to include clinical research as an integral part of the institute's overall approach and to recruit clinicians specializing in infectious diseases to work with research teams. Programs of research into infectious diseases in developing countries will also be drawn up and

undertaken either in collaboration with the research laboratories already established in the countries concerned or by setting up field stations there. It is also planned to extend the institute's scientific range by establishing independent teams of young scientists to work on topics that complement the research undertaken in the institute's own departments.

GREECE

New AIDS Finding Reported During National Convention

NC0602090094 Athens ATHENS NEWS in English
3 Feb 94 p 2

[Text] The AIDS virus destroys the immune system upon infection and has no incubation period, according to new evidence presented at Greece's Fifth National AIDS Convention yesterday.

"During the convention it will be proved that the virus has no dormant period," said epidemiologist Dr. A. Khatzakis yesterday.

Dermatologist Ioannis Stratigos said doctors had thought the disease had an incubation period because "HIV positive people maintain relatively good health for six to 10 years."

But while the medical community has been struggling to understand the virus, residents of a Piraeus suburb are showing less compassion over a hostel for the HIV-positive.

"We fear for our children's health," said one hostel neighbour, while another said the AIDS victims should be moved out of the city.

"We just want to live with dignity and find a job," said AIDS-affected Andonis. But not all neighbours are negative. "These kids are my friends," said Nikolaos Roumeliotis who lives right next door.

ITALY

Almost 5,000 New AIDS Cases Diagnosed in 1993

LD0902103494 Rome RAI Uno Television Network
in Italian 0830 GMT 9 Feb 94

[Text] In 1993, 4,729 new cases of AIDS were diagnosed in Italy. According to the National Committee for the Fight against AIDS, from 1982 to the end of 1993, the total number of reported AIDS cases in Italy exceeded 21,000.

Paris Plans AIDS Meeting To Tackle Epidemic at Political Level

OW0803102794 Tokyo KYODO in English 1003 GMT 8 Mar 94

[Text] Tokyo, March 8 KYODO—France will host a 17-nation AIDS summit in Paris in November because the AIDS epidemic is now too serious to leave to medical experts alone, an emissary for the French health minister said Tuesday [8 March] in Tokyo.

Jean Francois Girard, director general of health in the French Ministry of Social Affairs, Health and City, told a news conference that the one-day summit will bring together heads of at least 17 nations to consider ways to fight the AIDS epidemic on a global level.

"Till now, health problems have been treated by doctors, but AIDS is too serious to be treated only by doctors," Girard said.

"For the first time in the history of the world, heads of government will be considering a health problem. It will be a historic turning point."

Girard visited the Health and Welfare Ministry on Monday and the Foreign Ministry on Tuesday to explain the goals and solicit participation.

He said the 17 countries to be invited include those whose contribution to the international fight against AIDS is the greatest. Among them are Australia, Canada, France, Japan, Russia, the Scandinavian countries and the United States.

He said United Nations Secretary General Butrus Ghali has indicated he would like to attend.

Girard said several international organizations, including the World Health Organization (WHO), the U.N. Education, Scientific and Cultural Organization (UNESCO), the U.N. Children's Fund (UNICEF), the U.N. Fund for Population Activities (UNFPA) and the World Bank will have input into planning the summit agenda.

He said experts in many other AIDS-affected countries who are not invited will be consulted at the preparatory stage.

French Prime Minister Edouard Balladur will chair the summit, for which no final date has been set.

The gathering was originally scheduled for June, but Girard said it was postponed because many heads of state could not come in June and because Japan will host an international meeting of AIDS experts, including doctors, researchers, and AIDS sufferers, in Yokohama in August.

About 10,000 people from more than 140 countries, including some 1,000 AIDS patients and carriers of the AIDS-causing human immunodeficiency virus, are expected to attend the Yokohama meeting.

Girard said the Paris AIDS summit will be able to capitalize on decisions made at the Yokohama conference.

WHO Admits Over Half Medicine for Yugo-Aid 'Unusable'

AU0202212094 Paris AFP in English 2048 GMT 2 Feb 94

[Text] Zagreb, Feb 2 (AFP)—More than half the medicine donated to the World Health Organisation (WHO) for the former Yugoslavia is unusable, the WHO said in a statement here Wednesday [2 February].

Around 15 percent of donated medicines had passed their deadline for use or were otherwise unusable, and 30 percent were totally inappropriate for the needs of the population, the WHO said.

Sorting out what medicines could be used had cost WHO and charity organisations precious time. Carrying the useless medicines had filled up valuable cargo space in stores, on aircraft and lorries, the WHO added.

Only medicines which still had more than a year to run to their expiry date and which are included in the WHO list of essential drugs should be sent, it said.

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